A TREATISE

ON

DISEASES OF THE SKIN.

BY

S. LILIENTHAL, M.D.

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PREFACE.

ABOUT two years ago, Messrs. Boericke & Tafel requested me to prepare a work on Diseases of the Skin, for the use of homœopathic practitioners, to be issued with the monthly parts of the *Hahnemannian Monthly*, as an appendix to that journal. This treatise is the result of that request, the work having been done according to the best of my ability. While I have a perfect knowledge of its imperfection, I can conscientiously assert, that I have gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease. It is hoped that it has and will serve a good and useful present purpose with the physicians of the homœopathic school, and be at the same time a foundation upon which a future perfect treatise may be based. But a small edition has been printed, and no stereotype plates have been used, and the publishers will, therefore, feel themselves free to issue a new and enlarged edition as soon as there shall appear to be a demand for it. In the meantime no labor will be spared to perfect the work, and assistance and contributions are requested from homœopathic practitioners in all parts of the world.

The second part of the work, the "Repertory," has been prepared exclusively by Clarence M. Conant, M.D., of Middletown, N. Y., who has performed his difficult task with characteristic ability, and to whom I hereby tender sincere thanks. I desire also to thank the editor of the *Hahnemannian Monthly*, Dr. R. J. McClatchey, for the careful supervision and proof-reading bestowed upon the entire work.

S. L.

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A TREATISE

ON

DISEASES OF THE SKIN.

PART FIRST.

CHAPTER I.

It has been remarked by Hebra, in regard to the treatment of diseases of the skin, that he who is always changing his plan of treatment is sure not to attain his object as quickly as one who steadily and patiently applies whatever remedy seems to be best suited to the case. If such a proposition is acknowledged by the physicians of the old school as an axiom in the treatment of skin diseases, how much more sensible and valuable must it appear to practitioners of the homœopathic school, since it is one of the fundamental principles of the homœopathic method, in the treatment of all diseases. Each remedy should be allowed its full time of action, without interference or repetition; and this rule is as applicable in the treatment of the diseases here to be considered, as in any other of the many pathological processes to which human flesh is heir.

That both local and constitutional treatment are necessary for the cure of cutaneous diseases, is now acknowledged by most dermatologists; and we readily endorse the employment of local treatment, especially in that class of diseases which are due to the existence of fungi or animalculæ. The employment of local measures has

been to too great an extent denounced as heterodox; but we are of the opinion that members of our school will do well if they do not too persistently neglect them. Without denying the possible danger of metastasis, we believe that in very many if not in most instances it is a mere bug-bear. And although Hahnemann and his immediate followers raised their voices against the local use of remedies,—perhaps for the reason that German dermatologists leaned too much towards local treatment,—we still regard it as a step in advance to resort to such treatment in these cases. It will frequently be found that the simultaneous internal and external use of a medicine will be followed by the greatest benefit, in cases where its use either internally or externally alone might be followed by little or no beneficial effects.

In regard to the *classification* of diseases of the skin, it may be bewilderingly asked: "Which dermatologist will you follow?" We have Hebra, Wilson, Neumann, Fox, Neligan, Willan, Hardy, and a host of others, each of whom is presumed to be an authority, while the nomenclature and classification of each differs from that of all the others. We cannot help remarking here, in view of this Babel of nomenclature: How much better is it to know only diseased states, and to avoid being carried away by the delusion of a name? Too many of the zymotic diseases have been classed by writers with diseases of the skin, when in fact the cutaneous manifestation accompanying them is a mere accidental circumstance, since they may run their course even to a fatal termination without any cutaneous manifestation whatever. We shall omit all such diseases, inasmuch as the consideration of zymotic affections belongs to another branch of pathology.

Having once been interrogated as to which classification we preferred, the reply was that we had found in the various stages of variola vera, exemplifications of the va-

rious forms of skin diseases, and that we were of the opinion that such a classification was simple and at the same time practical. We shall therefore adhere to this classification into *erythematous*, *papular*, *vesicular* and *pustular* diseases, so far as it is possible to do so, in considering the various forms of cutaneous affections of which we propose to treat.

I. ERYTHEMATOUS DISEASES OF THE SKIN.

Erythema.

Erythema, being a mere hyperæmia of the skin, makes itself objectively known by redness and swelling of the skin, the temperature of which is also somewhat increased, and subjectively, sometimes, by a sensation of burning and itching. It may be either idiopathic (*e. g. E. traumaticum*, *caloricum*, *venenatum*) or symptomatic. The latter variety also passes under the name of Roseola. Thus we have a *R. variolosa*, appearing on the second day of the disease, especially near the flexures of the joints, and lasting from twelve to twenty-four hours; a *R. vaccinia*, following vaccination about the ninth or tenth day and sometimes spreading from the arm to other parts; a *R. infantilis*, frequently setting in during dentition in the form of small, sharply-circumscribed red spots, which quickly disappear without producing much systemic disturbance; a *R. æstiva*, frequently caused by gastric disorders during hot weather.

In *idiopathic erythema*, on the contrary, we have, in addition to the redness, a swelling of the integument (exudation into the derma). Hence we find it subdivided into *Erythema nodosum*, *E. papulatum*, *E. annulare*, *E. marginatum*, etc.

Treatment. The treatment in most cases is very simple. In idiopathic erythema remove the cause, and in the symptomatic variety treat the diseased state which gave rise to it.

Urticaria.

Urticaria or Nettlerash is closely allied to erythema, Hebra gives as characteristic symptoms: *White or red wheals* (pomphi) *with the sensation of burning and itching* (as after touching nettles), *sudden eruption*, *sudden disappearance*, *usually without desquamation.*

We distinguish an *acute and a chronic form.* The former manifests itself as *febris urticata* by general malaise, hebitude, frequent pulse and gastric symptoms, or it may set in without any general symptoms. The whole eruption may come out suddenly, or the wheals may appear in gradual or rapid succession, or they disappear from one place and appear in another. Wheals vary much in form, size and color; some have a depression in the centre, but each wheal is always surrounded by a red halo. In some cases we find extensive red patches containing several wheals. The more extensive the eruption, the severer the itching and burning will be. Microscopically examined, Neumann considers a wheal to be an œdematous swelling of the papillary layer of the cutis with local anæmia.

Afebrile urticaria may exist for weeks and even months, constantly renewing itself at shorter or longer intervals on different regions of the body. It is, in fact, not a chronic disease, but rather makes a succession of reappearances.

Several varieties of Urticaria have been described, but they are merely different aspects of the same disease. Thus, where the wheals are large and hard it is termed *Urticaria tuberosa;* where they are small and knotty,

Urticaria papulosa; and where the wheals have small vesicles upon them, *Urticaria vesiculosa*, etc.

The *causes* of these eruptions are numerous and in some cases apparently undiscoverable. The contact with nettles and with some kinds of catterpillars and mollusks; the bites of fleas, bed-bugs, mosquitoes; the sting of bees; scratching with the finger-nails; the application of any resinous drug to the skin; the action of atmospheric air on a tender skin in the spring and fall of the year; intestinal irritation from eating strawberries, crabs, clams, muscles, fish during their spawning season, mushrooms, pork and some kinds of sausages, honey, green cucumbers, etc.; severe mental emotions, as fright, anger, etc.; uterine irritation during pregnancy, menstruation, different uterine diseases with their hysterical states, have all been set down as exciting causes of this troublesome disease. Some authors consider urticaria to be a neuralgia of the skin. Hebra observed it as a consequence of helminthiasis.

Treatment. Tolle causam, whenever it is possible. Many cases depend on a sympathy with the digestive organs, and this idiosyncrasy of certain individuals, when discovered, should be remedied by the individual abstaining from such articles of diet as are found to produce the urticaria. Food which will produce it in one person may be perfectly harmless to another; but any person is liable to be affected by some particular substance. In some cases a strict vegetable or milk diet has been found sufficient to cure the disease.

Local applications appear to be of little service. Sponging with dilute vinegar is often grateful to the patient. Tepid baths (85° to 90°) of boiled wheat-bran may diminish the annoying itching and burning. Where the eruption sets in with the character of a neurosis and in outspoken paroxysms, sea-bathing will be found beneficial.

The totality of the symptoms will indicate the remedy,

the eruption itself giving no therapeutic hint. The old school praise Arsenic in chronic cases without gastro-enteric symptoms, and Quinine where marked periodicity prevails.

Kafka (*Hom. Therapy*, I. 401) recommends for chronic urticaria: *Sulph.*, *Calc. carb.*, *Hepar*, *Arsen.*, *Sepia*, *Lycop.*, *Natr. mur.*

Aconite. Great heat, thirst, frequent pulse, malaise, sleeplessness, fear or fright, indicate this remedy.

Bryonia. Atmospheric influence, with simultaneous rheumatic articular pains, nightly exacerbations and sleeplessness, worse from motion.

Rhus tox. Atmospheric cold and damp, burning of the affected cutis, dry heat of surface with dry tongue, nightly delirium. Vesicular urticaria.

Where gastric catarrhs prevail, *Nux vom.* and *Ant. tart.* In chronic cases, *Sepia* or *Natr. mur.* *Pulsat.* or *Dulc.* find their indication in intestinal catarrhs with mucous stools and tenesmus. For *Dulc.* we also have itching of the skin, with burning after scratching, griping pains in the bowels, with nausea and diarrhœa, after taking cold, the stools being watery. *Arsen.* (burning, chills and fever) or *Phosph.* are preferable. Helminthiasis will lead us to think of *Cina* or *Sulph.*

When caused by uterine diseases, *Apis*, *Bellad.*, *Kali carb.*, *Pulsat.*, *Sepia*, *Ustil. maid.* may be indicated.

Apis: Stinging-burning over the whole body, passing off after sleeping soundly; sudden stinging sensation over the whole body with white and red spots in the palms of the hands, on the arms and feet, on the head and nape of the neck; uterine catarrh.

Ustilago maid. Terrible itching at night; menstrual irregularities from ovarian irritation.

Where an erythema or an urticaria is of neurotic origin, *Chloral* deserves consideration, as its application has

been followed by red spots (erythema fugax) on different parts of the face.

II. PAPULAR DISEASES OF THE SKIN.

Lichen.

Hebra acknowledges only two species of Lichen, viz., *Lichen scrofulosus* (by some called *Strophulus*) and *Lichen exudativus ruber.*

Lichen scrofulosus or Strophulus consists in a dermatitis forming conical pimples in groups. Fine, dirty-brownish papules, consisting of a mass of epidermis, seated at the openings of the hair-sacs, arranged more or less in circles or segments of circles, and generally located on the trunk. They never contain fluid, and are always covered with scales; there is little or no itching; they remain unchanged for some time and after their disappearance they leave behind some scattered pigment spots, and here and there an acne-like tubercle or pustule. It mostly attacks the trunk, more rarely the extremities, and is more frequently observed among children than in grown persons. Neumann report sone case where the face and hairy scalp were covered by the efflorescence. Cases have also been observed among children where the eruption was only on the extremities, leaving the trunk free; whereas in grown persons the extremities will only be attacked after the trunk becomes diseased. Scrofulosis (glandular affections, ulcers, bone-diseases, tuberculosis) is its sole cause, and neither season or occupation have any influence over it. It is most frequently found in males between fifteen and twenty-five years old, and in such cases it will be advisable to examine closely the apices of the lungs; whereas in children the mesenteric glands are more frequently affected.

Treatment. Cod liver oil externally and internally is, by the old school, considered as the panacea for this erup-

tion. We must consider the constitutional dyscrasia in its totality, and select the remedy according to the individuality of the case. Hygiene is of the greatest importance. We must improve the food and the air with which the patient is supplied if we wish to eradicate the evil.

Lichen exudativus ruber. We copy Jeffries (*Diseases of the Skin*, p. 22), who copies Hebra, in giving a description of this disease. Lichen exudativus ruber is an eruption of miliary papules; at first distinct and covered with a thin scale, causing but little itching. They are of a reddish color, and once formed do not increase in size, but the increase of their number causes them to unite into large patches, red, infiltrated and covered with scales. These changes take place at separate and distinct spots, finally occupying large tracts on the whole body. The cutis becomes of twice its ordinary thickness; the motion of the joints is impeded; fissures cover the joints from which blood flows to form crusts, etc. The nails become affected, thickened, rough and brittle. The hairs of the head, axillæ and pubes are not affected; on the rest of the body they are reduced to a mere lanugo. There is itching when the disease is extensive, but not before. The patient, as the affection occupies large tracts of the integument, becomes broken down, nutrition is weakened, and with great marasmus there is generally a fatal termination. All attributed causes are but surmises. The age most liable so far as reported is from fifteen to forty years. It almost invariably attacks the male sex.

Neumann's microscopical examinations give the following result: The epidermic cells are heaped up in large masses, with fine granular contents. The cells of the rete Malpighii are sometimes grouped and sometimes alone, and send out thick, broad and long prolongations between the papillæ; around these latter, here and there, are brown pigment cells. The papillæ are enlarged and filled with a set of elastic fibres more numerous than nor-

mal, as is also the case throughout the whole cutis. The vessels are dilated, as are also their twigs in the papillæ. Arteries and veins in the deeper layers of the corium are tortuous. Along the vessels are numerous cell-growths, increasing their diameter and thus filling up the papillæ. The openings of the sweat glands are dilated in a funnel-shaped manner, and are filled with numerous epidermic cells. The sebaceous glands are few and probably destroyed. The external sheath of the root of the hair shows a peculiar appearance: composed naturally of nucleated cells more numerous around the shaft than at the bottom of the follicle, in this disease *the reverse is found.* The follicle is dilated by these cells into regular teat-like diverticula resembling an acinous gland, showing, however, nothing else abnormal. The root of the hair is stubbed like a brush.

Prognosis is more favorable in lichen ruber dispersus than in universalis, where marasmus threatens the life of the patient.

Treatment. Hebra had good results from *Arsenic* in doses of one tenth of a grain to one grain a day. Every other remedy failed in his hands.

Kafka advises for lichen ruber dispersus, *Iodine*, *Sulph.*, *Iodide of Sulph.*, two doses daily; and for lichen ruber universalis, on account of the threatening marasmus, *Chinin. arsen.*, *Phosph.* or *Arsen.*

The lichen agrius and lichen simplex of Willan are not genuine lichens, but rather belong to the eczematous diseases; and the remedies mentioned by Jahr and Russel will be therefore enumerated under eczema.

In lichen ruber we have also great confidence in *Arsenicum*, for among its symptoms we read: the skin of the body peels off in large scales; painfulness of the skin all over the body; miliary eruption, scaling off; discoloration of the nails; marasmus from weakened nutrition. *Sarsaparilla* promises well in this rare but dangerous dis-

ease. We find among its symptoms: dry, itch-like eruptions, with emaciation; dry cutaneous eruptions; hardness of skin; cracks of skin; emaciation, with shrivelled skin, etc.

As an external application for softening the skin, *Glycerine* is recommended by many authors, and it may be advisable to use it, if only to prevent a resort to injurious applications.

Prurigo.

To Hebra belongs the credit of having marked the distinctions existing between prurigo and pruritus. Pruritus is a hyperæsthesia of cutaneous nerves frequently a mere reflex symptom or caused by the presence of some animal parasite; whereas true prurigo is a fearful and often incurable disease. An essential difference between these diseases consists in this, that prurigo manifests itself by the eruption of abundant intensely itching knots, whereas in pruritus no alterations of the skin are visible to the naked eye. The knots of prurigo are generally noticed on the exterior sides of the lower and upper extremities; but less often and less observable on the trunk. As these knots of prurigo demand constant scratching from the intense itching they cause, we usually find their summits wounded and covered with a crust from the issue of a drop of blood, and further changes due to the never-ceasing scratching are, pigmentation up to almost negro blackness, thickening, roughness, dryness and furrowing of the common integument. The head always remains free, the hair dull and dry; the face is but rarely affected but pale and unhealthy. The constant scratching produces an artificial eczema and also a marked swelling of the inguinal and crural glands.

Prurigo is not uncommon in childhood, but pruritus is proportionally far more common in old age.

Neumann describes these papules as consisting of cir-

cumscribed cell-proliferations in the papillæ, accompanied by an exudation, not extending to any elementary form, which elevates the epidermis. The rete and epidermis are more developed and pigmented. The papillæ and cutis are enlarged and thickened with connective tissue; the outer root-sheaths are strongly developed and the hair follicles have club-like distensions.

Prognosis is more favorable in children and young persons than in older ones. Prurigo senilis often withstands all treatment.

Treatment. Cold effusions, sea-bathing, salt-baths, sulphur-soap, sulphur and sand soap, sulphur ointments, sublimate-baths, alcoholic lotions, veratria, chloroform, and tar-ointment are used as palliatives by the old school. *Arsenic* and *Carbolic acid* have been used internally and externally with benefit. Prof. Rothmund recommends hypodermic injections of carbolic acid (four grains to the ounce).

Kafka (II, 457) considers *Mercurius* a close simile to prurigo. *Sulphur*, *Silex*, *Iod.*, *Lycopod.* and *Mezereum* may be indicated in certain cases.

Indications for *Iodine* are: Old, neglected cases; knots standing closely together, the surrounding skin full of brown pigment, thickened and covered with scales; irrepressible itching at night, producing constant sleeplessness and constant scratching; cachectic features, emaciation and dyspepsia. In similar cases he also used *Iodu-retum sulph.* or *Lycopod* with benefit.

Silicia brought on improvement in a case where the patient during the nightly itching had the sensation as if ants crawled about under his skin.

Mezereum relieved a case of unbearable, nightly, burning itching.

Bæhr (II, 591) recommends: *Sulphur*, *Sepia*, *Arsen.*, *Calc. carb.*, *Plumb.*, pro re nata.

Jahr: *Bryon*, *Calc.*, *Carb. veg.*, Caustic., Coccul.,

Conium, Graphit., Lycopod., *Merc.*, *Natr. mur.*, *Nitr. ac.*, Nux vom., Oleand., Opium, Phosphor., Pulsat., Rhus tox., *Sepia*, *Silic.*, *Sulphur*, Thuya. But Jahr does not discriminate closely between prurigo and pruritus.

Hale recommends for prurigo: Aloes, Apocyn. and., Collinson., Carb. ac., Ham. virg., Populus (perhaps also Rumex); but we consider them rather as good remedies for reflex pruritus than for genuine prurigo.

It is important that the nails be kept closely cut or that the hands be muffled especially during the night.

III. SQUAMOUS DISEASES OR SCALY ERUPTIONS OF THE SKIN.

Psoriasis (Lepra).

The essential nature of psoriasis consists in an excessive growth of epidermis, or in a proliferation of the epidermic cells, and their accumulation upon circumscribed spots, at which the papillæ of the corium are hypertrophied. It is an inflammatory process of the upper layer of the corium and the papillæ, accompanied with greatly increased cell-growth, and with which the papillæ are considerably enlarged from the very beginning of the disease.

Psoriasis commences by the appearance of spots of the size of a pin's head, of a whitish color, which are due to accumulation of epidermic scales, heaped up on each other, loosened from their connection with the cutis, and commonly originating at the orifices of hair-follicles. (Hebra.) A characteristic of Psoriasis is, that these fine mealy scales keep their white color and hardly ever become dirty, and when scratched off with the nails leave a dry, red spot, very little elevated, on which some points of blood are seen.

These spots (*psoriasis punctata*) increase slowly, and acquire in a short time the size of a lentil, and the appearance of a drop of mortar (*psoriasis guttata*). Simultaneously with the growth of the first crop, others of the same kind present themselves in the intervening spaces of skin. By their extension larger spots are produced, attaining the size of different coins (*psoriasis circumscripta* or *nummularis*). As the disease goes on, different patches approach each other and become fused into one, giving rise to irregular shapes and sizes; and thus a very large extent of the body may be involved (*psoriasis diffusa*).

Where the eruption involves only a limited extent of space, the epidermic scales may become loosened and fall off, leaving bright-red, slightly elevated spots; or we notice only a partial desquamation, especially in the middle of single circular patches, giving rise to *psoriasis orbicularis* (lepra Willani, psoriasis lepræformis).

By the blending together of numerous smaller patches, differently arranged, a variety of irregular forms are produced. When they take a serpentine form the disease is called *psoriasis gyrata*.

Psoriasis does not remain constant to any of these stages, but passes either into the process of retrogression and cure or it remains in *statu quo*, from time to time undergoing exacerbations. In some cases all these different stages may be witnessed at the same time. As the disease subsides, the epidermic scales fall off and leave roundish, red spots, not much elevated. These gradually lose their color, become pale, and at length the skin regains once more its normal aspect. As long as exacerbations take place, a cure is out of the question.

Only at the beginning of psoriasis an itching sensation takes place, whereas the largely developed patches hardly ever cause itching. During the periods of exacerbation itching likewise occurs. All parts of the body the face

and the limbs are liable to be invaded. The elbows and the knees are the points most frequently attacked, and in cases of general psoriasis the disease is most persistent in these situations.

According to its extent, psoriasis is local or general. It may become complicated with most diverse diseases. It is always a disease of nutrition of the skin, arising from tissue irritation, which may be aggravated or perpetuated by an unhealthy state of the blood. Its most frequent accompaniment is neuralgia, especially of the fingers and toes.

Psoriasis is not contagious, is very rarely fatal, and is, in general, amenable to proper treatment. It may occur as early as the sixth year of life; very exceptionally before that time. The most common ages for it to appear are between twelve and thirty. It may occur under very varying conditions and the cause not be known. Hebra has seen it amongst the high and the low, the rich and the poor, the clean and the dirty, the fat and the lean, and in all its phases in all these. Patients with psoriasis not very unfrequently say they feel in better health when the rash is out than when they are free from eruption.

Treatment. Tilbury Fox (*Practitioner*, March, 1871,) concludes that in the early stages of every case of psoriasis, especially in the young, where congestion is marked, and especially where the disease shows a tendency to spread and to develop itself in new places, the skin should not be stimulated, but simply soothed, the object being to diminish, prevent and dispel congestion, through the agency of which the disease is enabled to spread and develop, at the same time making use of appropriate internal remedies. In these cases water-dressing and wet packing are of much value. Alkaline and bran baths, with inunctions of oil, prepare the way for a more effective remedial treatment, but so long as fresh spots are appearing, as a rule,

he withholds tarry preparations, which are indicated when the disease becomes more chronic, in order to check the cell-proliferation without stimulating the skin.

Kafka (II., 427) begins his treatment with a dose of *Sulphur*[6] every evening till the itching ceases, which usually takes place in two or three weeks. After this preparatory treatment he gives *Sepia*[6], one dose daily for seven days, and then a free interval for three or four days. Then again *Sepia*[5] in the same manner, followed by the same interval, then *Sepia*[4], and then after giving the third potency, if the psoriasis is not entirely removed he descends to the first dilution, and if the cure is not then completed, ascends the scale again in the same manner, up to the sixth dilution. It takes from three to four months to eradicate psoriasis inveterata. During the whole time of treatment the patient must abstain from all spiced or acid food, and from all heating or alcoholic beverages. After the alkaline bath and after the rubbing with soap, the patient ought to remain in a warm room till the body is cooled down.

Hughes (*Therapeutics*, 465) has seen it, in its *most recent form* and especially when affecting the hands, yield very rapidly to *Merc. sol.* Even when chronic, much good is obtained from this remedy, but too often *Arsenic* will be necessary to complete the cure.

Dr. Richards (*N. A. J. of H.*, Vol. 16,) cured a case of eight years standing with *Merc. sol.*[6].

Dr. Nankivell (*Hom. World*, IV., 74,) reports a bad case of a year's standing, with chaps and rhagades between the fingers, which readily bled, cured with Petroleum[3] and Sulphur[30], given at different times. (A palmar skin disease, but was it psoriasis?)

H. Goullon, Jr. (*Record*, 1871) reports a case of an eruption on the nape of the neck, dry, *peeling in fine mealy scales*, but *without itching* (did it itch at the commence-

ment, and how long had the disease lasted when it came under treatment?) cured by *Graphites.*

Dr. Arcularius (*N. A. J. of H.*, XIX, 414) cured two cases of *psoriasis guttata* (raised, circular, reddish spots, and covered with scales, especially upon the prominences of the knee as well as the elbow, anæmia with evident debility) with *Arsen.*[30], and one case of *psoriasis lepræformis* (itching eruption, irregular round patches with depressed centre and scaly circumference) with *Sulph.*[30] followed by *Arsen.*[30]. No external application was used.

Bæhr (II, 496) recommends *Sulph.*, *Phosph.*, *Sepia*, Petrol., Calc. carb., Nitr. ac., Phosph. ac., *Arsen.* and Tellur. The turkish-bath may be always taken with benefit, combined with the rough application of soap. He also considers cold baths decidedly useful, although their beneficial results may not be seen immediately.

Jahr (*Symptomen Codex*, *II*, 18.) mentions as corresponding remedies: Arsen., Calc. carb., *Cicut.*, Clemat., Dulcam., Graphit., *Lycop.*, Mur. ac., Rhus tox., *Sepia*, *Sulph.*

Raue: Arsen., Calc. carb., Clemat., Corall., Nitr. ac., Petrol., Phosph., Psorin., Sepia, Sulph., Tellur.

Hale; *Arsen. jod.*, in the third trituration, will often give better results in psoriasis inveterata than any other preparation of Arsenicum. *Iris vers.* (irregular patches on knees, elbows, and all over the body, covered with shining scales, edges slightly raised and irregular). *Nuphar lutea* (eruption resembling psoriasis, violent itching). *Phytolacca* (squamous eruptions).

Pityriasis.

Ptyriasis rubra is an intense redness diffused over a large part of the skin, or even universal, disappearing beneath the pressure of the finger (when it gives place to a yellowish coloring), and accompanied by the presence of

fine, white, loosely-adherent scales, resulting from the constant shedding of the most superficial layer of the cuticle. There is no considerable infiltration of the cutis; no papules or vesicles are formed; no secretion is poured from the surface; the itching is slight and does not lead to the formation of excoriations; and lastly, particular regions of the body are rarely affected, the whole surface of the skin being generally attacked. It is very slow in its course, presenting very few changes. Perhaps for years the patients are not much affected, but they generally lose flesh and strength, and finally sink into marasmus. After death the redness disappears, and the microscope fails to give any definite results.

Treatment. Hebra tried external and internal medication, but failed in arresting the disease. Continued tepid baths (for hours), oils and emollient ointments, rendered the masses of epidermis more transparent and the skin more supple.

Kafka expects benefit from *Clemat.*[3] or from *Oleand.*[3-6], two doses per day, in combination with tepid bran-baths, as long as the process is limited to certain parts of the body. *Phosph.*[6-30] methodically applied, in connection with a strengthening diet might, perhaps, do something in universal pityriasis.

Bæhr (II., 494) considers as the most important remedies, *Graphit.* and *Arsen.* He never saw much benefit from *Lycop.* or *Sulph.* Where the nails degenerate, *Silic.* might be indicated.

Jahr (S. C. II., 18.) again recommends too many remedies to be of any value, as: Agar., Alum., *Arsen.*, Aur. *Bryon.*, Brom., *Calc.*, Dulcam., Graphit., *Kreos.*, Laches., Ledum, Lycop., Merc., Natr. mur., Petrol., *Phosph.*, Sepia, Silic., Sulph., Thuya.

Hale: Alnus (?), Arsen. jod., Ampel. (?), Carb. ac., Nuphar, Phytol., Stilling (?).

Ichthyosis.

True Ichthyosis is not due to any trouble with the sebaceous secretion. It is an hypertrophy of the skin, characterized by the formation of particles of epidermis, either white and thin or dark-colored, green, brown or even black and rough to the touch, particles which adhere firmly to the adjacent derma, and are marked by lines and deep furrows similar to but much deeper than those which exist on the sound skin. These segments are adherent at the centre and loose at the sides (*Ichthyosis simplex* or *Xeroderma*). A more advanced stage of the disease exhibits the epidermis heaped up in a much greater quantity and altered in form as well as in chemical composition; it acquires by an accumulation of pigment a darker color, and comes to resemble a serpent or other reptile on the bark of a tree. In rarer cases the epidermis is arranged in the form of spiculæ, so as to resemble the integument of a porcupine (*Hystricismus*, *Ichthyosis hystrix*). In some cases the epidermis is horny (*Ichthyosis corneæ*); in others the epidermic masses are shed periodically and again speedily accumulate.

The disease consists essentially in an hypertrophied and altered condition of the epidermis, with or without hypertrophy of the papillæ. The chemical constitution of the epidermic cells is altered; there has been formed an excess of the inorganic ingredients generally, with an excess of fat and a decided trace of iron, with phosphate and carbonate of lime and in some cases silica. In severer cases the hair-follicles are occluded and disappear, as well as the sebaceous glands; there is sometimes hypertrophy of the papillæ of the skin, and when the disease appears later in life general hypertrophy of the cutis vera.

Its causes are unknown. In some families the disease is hereditary, gets better during the years of puberty and in summer, but is usually aggravated during winter.

Severe forms of this disease frequently become complicated with eczemata, intertrigo, and morbid affections of the hair.

Ichthyosis congenita is observed in new-born babes and is incurable. Its course is painless, and may last through life without undermining the constitution.

Ichthyosis is either general or local. When general it avoids the palms of the hands, soles of the feet, the axillæ, the popliteal spaces and flexures of the arms. When local it affects especially the legs and the forearms near the elbows.

Treatment. Palliatives are: alkaline baths or vapor baths, with strong alkaline soaps to remove the scales; oil or glycerine rubbed into the skin afterwards will tend to make the skin more supple, though the scales are soon formed again.

Kafka recommends *Phosph.*, *Iod.*, *Aurum.*, pro re rata.

Bæhr: Silic., Sulph., Calc. carb., Lycop., Arsen., Aur., Petrol. (It is very doubtful whether any of these has any influence in this disease. Arsenic has been tried by the old school and failed.)

Jahr: Coloc.? Hepar? Plumb.?

Hale: Alnus? Phytol.? Stilling.?

Andouit (*Brit. J. of H.* XVI., 461), *Hydrocotyle asiatica?* Symptoms 150 and 151. "The skin becomes softer and thinner and again becomes sensitive. The skin becomes softer and smoother, the epidermis falls off in small scales, and in most cases in large crusts."

Raue: Calc. carb., Clemat., Graphit.? Hepar, Lycop., Petrol., Plumb.? Sepia? Sulph., Silic., Thuya?

VESICULAR DISEASES OF THE SKIN.

Miliaria and Sudamina.

These efflorescences are by many authors not regarded as cutaneous diseases, but as symptoms of definite general disorders. Neumann describes three species of miliaria:

1. *Miliaria rubra.* Nodules of the size of a pin's head, reddish at their base, with a minute vesicle at the top.

2. *Miliaria alba.* The epidermis is macerated, and the vesicle contains a milky, dull-colored (purulent) fluid.

3. *Miliaria crystallica.* The contents of the vesicle is transparent and bears some resemblance to a dew-drop.

Hebra considers the last only of these as true miliaria, which accompanies many febrile disorders such as acute rheumatism, typhus, puerperal fever, etc.; whereas the two first mentioned, in his opinion, should be termed *Sudamina* (*sudor*, sweat), as high degrees of temperature, causing increased perspiration and thus swelling of the excretory ducts of the perspiratory glands, produce them. In children hot fomentations sometimes produce a complete form of miliaria alba, in which the epidermis in patches is raised by a yellow exudation beneath it. The contents of one of these patches is without smell, has a neutral or weakly alkaline reaction, and according to chemical examination contains N. H_4 Cl. (chloride of ammonium).

According to Haight, sudamina arise from the accumulation of sweat between the lamellæ of the epidermis. They usually last from two to seven days, yet there are cases recorded in which they remained for several weeks. The affection has no regular stages, like scarlatina, etc., but a large number of vesicles appear simultaneously and then in a few days a new crop may be developed.

The prognosis of miliaria crystallica depends upon the primary disease of which it forms a part. Formerly a sudden retrocession of the eruption was considered an unfavorable omen, but the truth of this is now denied by a great many close observers.

Treatment. Miliaria crystallina needs no special treatment. We should attend to the primary disease and advise our patients to cover themselves lightly and to sleep on matresses (we trust the age of feather beds has

passed). Where there is an inclination to profuse sweating, Kafka recommends sponging with diluted vinegar every three, four or five hours, which strengthens the skin and may prevent the eruption. There is a foolish prejudice still existing against changing the linen of the patient and of the bed. A due regard for cleanliness can never be injurious, provided the changes be made with proper care, and the clean clothing be first properly aired and then dried and warmed.

Hughes (*Therapeutics*, 102) remarks, that the "mediæval sweating sickness has been observed by Dr. Aitken among the Orientals. He characterises it as a disease in which there is an eruption of innumerable minute pimples, with white summits, occurring in successive crops upon the skin of the trunk and extremities, preceded and accompanied by fever, anguish, oppression of breathing, copious sweats of a rank, *sour*, *fetid* odor peculiar to the disease. *Aconite* is said to have proved of great value in the 'sweating sickness,' and the symptoms show a very tolerable homœopathicity on its part to the disease. Wilson considers such a state as the consequence of a weak and exhausted condition, and if Aconite is indicated, we would prefer giving it in the mother tincture and quickly repeated, till reaction takes place."

We consider *Bryonia* rather *the* remedy for sudamina and miliaria, as it will more frequently than any other cover the symptoms of the primary disease, as also the idiopathic sweating-disease, if there is really such a disease. In fact most authors recommend the remedies used in typhoid conditions, such as *Arsen.*, *Bryon.*, *Rhus tox.*, *Laches.*, *Bellad.*, *Sulphur*, *Amm. carb.*, *Valerian*, etc. Allopathic authorities recommend Acid. sulph. aromat., Acid. phosph., etc.

Eczema.

This is one of the commonest of skin diseases. We have general and local, acute and chronic forms of the disease; and *faulty innervation*, leading to congestion and other disturbances of the circulation, is the most important element in their production. Fox (*Eczema, its nature and treatment*, 1870,) says the cause of eczema is multiple; it is perverted innervation as a *sine qua non*, but plus—not as causes but part causes or excitants, in a variety of combinations and varying frequency of coexistence—general debility, morbid states of the blood, strumous diathesis, local irritations of the most diverse kinds, diseases of important viscera, mental depression, etc.

Willan and Bateman define eczema as "an eruption of minute vesicles, not contagious, crowded together, and which from the absorbtion of the fluid they contain, form into thin flakes or crusts."

Wilson regards it as an inflammation of the skin, accompanied with alteration of its structure and derangement of its functions; the skin being more *vascular* and consequently redder than in health, its vessels are in a state of congestion; its *sensibility* is morbidly increased, sometimes taking on the character of itching, tingling or smarting, and sometimes that of pain; it is *thickened* by infiltration of serum into its tissues, sometimes fissured and sometimes œdematous; it *exudes* a serous lymph at various times and in various quantities, sometimes excessively; its cuticle is sometimes raised into *papules*, sometimes into *vesicles*, sometimes wholly removed and is reproduced unhealthily so as to form muco-purulent secretions and squamæ of various sizes; and sometimes the cuticle is replaced by a *crust* of greater or less thickness, resulting from dessication of the morbid secretions.

The characteristic signs of eczema are: redness, itchiness, interstitial and sometimes subcutaneous thickening,

exudation, papulation, vesiculation, incrustation and desquamation.

Hebra does not restrict the term to a disease characterized by the formation of vesicles followed by desquamation of the epidermis, but includes in it all disorders of the skin which are attended in either their earlier or their later stages by the *presence of vesicles and serous discharge.* The identity of the different forms of eczematous eruptions may be proved by a simple experiment, viz., by rubbing an agent capable of producing artificial eczema once or repeatedly on different parts of the body, and the results may be found reducible to the following five principal forms: red elevations and vesicles produced by the first application; red exuding patches produced by the continued operation of the same irritation; pustules and crusts, arising from the metamorphosis of the elevation and vesicles; and finally, the red desquamating patches left after the removal of the forms of efflorescence. Such a view of the metamorphosis of eczema is far more plausible than is the view advanced by some dermatologists of the conversion of one disease into another—of eczema into impetigo, porrigo, tinea, pityriasis rubra and the like.

Milton (*Journal of Cutaneous Diseases*, July, 1869), on the contrary, considers the essential characteristic of eczema to be that of *discharging serum for an indefinite period of time*, but asserts that there are *no vesicles*, for, if we touch these so-called vesicles *gently* with a blunt-pointed glass rod, a minute drop of serum will be found adhering to it. The following, according to this author, appears to be the processes which ensue in all cases of a truly eczematous nature: A portion of skin becomes red, inflamed, irritable, stiff and itching, but rarely swollen, except when the complaint attacks the ear. The cuticle rapidly dies and is cast off or torn off by scratching. To this succeeds a discharge of serum, which seems to be

poured out by the sudoriparous ducts. When the process is slower, the falling off of the epidermis is succeeded by a cuticle thicker and coarser in its texture and gradually assuming the look of a soft scale. He acknowledges only an acute and a chronic form of the disease and considers all other subdivisions superfluous.

Neumann regards eczema as a skin disease which at first appears in the form of papules, vesicles or pustules, and which forms, in later stages, crusts, scales or infiltrations, under which *a red surface discharging fluid* may be present, or a *dry surface. Severe itching accompanies each form.* Tinea, porrigo, crusta lactea, crusta serpiginosa, impetigo, etc., are therefore only different stages of eczema according to seat and according to stage.

Etiology. Eczema may be idiopathic or symptomatic. *Idiopathic eczema* arises from direct irritation of the skin, as by the action of noxious ointments or oils, hot baths, too high a temperature, and by mechanical irritation of the skin, especially scratching with the finger-nails, pressure of clothing, bandages, trusses, etc. Persons with a tender white skin are more prone to eczema than individuals having much pigment. Varicose veins are also a frequent cause of eczema occurring on the lower extremities. *Symptomatic eczema* is the sequel of internal disorders. Thus we have eczema (of the face or hands) from dyspepsia or menstrual disturbances (very obstinate on account of frequent relapses); eczema from disorders of the renal function, as shown by the presence of *indican* in pathological quantities. Indican is supposed to be due to a retardation of the process of declension from the complex to the more simple of the products of function and secretion. This retardation is due to accumulation of urea and other products of waste in the blood, owing to deficient renal secretion, and urea has been detected in considerable amount in the serum of eczematous patients. Indican occurs in the urine in the reactionary

stages of cholera and in Bright's disease (*Lancet*, Feb. 1867). Neftel (*N. A. J. of H.*, Aug. 1873), considers indican in the urine as one of the most indubitable signs of internal cancerous deposit, which coloring matter is also occasionally found in typhus, cholera and other diseased conditions. We need not wonder, therefore, that eczema is also an accompaniment of the dyscratic diathesis of scrofulous and rachitic individuals.

Hereditary predisposition is acknowledged as a cause by some and denied by others. In many cases we will find it impossible to trace the disease to any cause. Most authorities are agreed in regarding eczema as non-contagious, although cases occur in which eczematous eruptions with profuse secretion attack the skin with which the exudation may happen to come into contact;—thus a nurse may take the disease from the babe she carries on her arm.

Anatomy. The anatomical changes which take place in cases of eczema vary according to its duration. The microscope detects no difference between the exuded gummy fluid and ordinary serum. The follicles, the papillæ and the upper layers of the corium are swollen in acute eczema, but this swelling disappears in the majority of cases. If the eczema is chronic, then the skin becomes thickened, the lines and furrows deepened, the papillæ enlarged so as to be visible to the naked eye. The older the eczema the larger the papules, and the greater the cell-proliferation in the corium, so that this sometimes reaches down into the deepest layers, even to the panniculus adiposus. The question as to the source from whence proceeds this cell-proliferation awaits a final decision. Some consider that the wandering cells come from the blood vessels, and regard the capillary congestion as the consequence of cell-activity. Others consider nerve-irritation as the means of inducing cell-proliferation. Others justly consider both factors at work, faulty innervation

as well as capillary congestion, in the production of these tissue-changes. French authorities cut the Gordian knot by accepting a "*dartrous diathesis*" (*dartre*, tetter), but fail to clear up the mist which still hangs over the histology of this as well as of many other forms of skin disease.

Prognosis. Eczema can be cured, but relapses are frequent. We must eradicate, if possible, the primary disease, if we wish to succeed in the eradication of the eruption. Nutrition and assimilation must become normal; they need special attention, and, in fact, if they are properly attended to and regulated, the skin may be left to take care of itself, apart from merely hygienic treatment. It is not a little singular that eczemata are more stubborn on some parts of the body than on others, as on hairy parts, on the eyelids, lips, hands, etc.

Treatment. It is an old superstition that eczema in children is a sign of good health, and an imposition to forbid its removal. Here, as elsewhere, the removal of the cause is the first indication of treatment, and if idiopathic this alone will suffice in many cases. In infancy and youth eczema appears more particularly on the head and face; in riper years on the chest and abdomen, but especially on the genital organs; and in advanced life on the lower extremities and about the margin of the anus (Rayer); which clearly denotes the symptomatic origin of most eczemata. While in infancy and adolescence psora (scrofula) demands our attention, we find the rheumatic, gouty and hæmorrhoidal affections prevail in riper years; and Trousseau in his clinical lectures remarks, that very frequently old people who are asthmatic have been afflicted in their youth with eruptions of an eczematous character, and nothing is more common than to find dartrous, rheumatic, gouty and hæmorrhoidal affections transform themselves into asthma.

Hebra, Neumann and Kafka do not fear metastasis to internal organs as a consequence of the removal of the

external disease, and in many cases rely exclusively on external treatment; whereas Devergie states that at a certain period of life eczema becomes a drain which must not be meddled with. Tilbury Fox considers the curing of long standing eruptions fraught with danger. Wilson recommends a counter discharge. Paget states that there is sufficient reason to believe that the cessation or cure of an established eczema has been attended with serious disease of the brain or other internal organs; and Rayer mentions a case where insanity followed the disappearance of the eruption. Further statistics are necessary to clear up this point, the evidence being not yet conclusive. Hebra's local treatment embraces the following means:

1. *Water*, in consequence of its temperature or by reason of its power to hold different substances in solution. *Hydropathic treatment is highly recommended.* Cold water, in the form of compresses, is beneficial in acute eczema, and hard water ought always to be boiled in order to free it from its salty components, which irritate the skin. A mild rain-douche sometimes brings temporary relief. As a solvent he uses it in combination with caustic potash (Kali caustici, Aqua dest. āā. part. æquales), but it must not be applied more than three times a week, with a pencil of lint, and then immediately washed off with warm water. In inveterate chronic cases such severe treatment is necessary.

2. *Fatty substances* serve for the removal of crusts and prevent the access of air, and are useful in cases where the skin is not too much infiltrated. The most useful preparations are: cod-liver oil, oleum lini, oleum amygdalæ, oleum olivar, unguentum simplex, unguentum molle, cold cream, etc. Axung. porci may be mixed with different astringents as Oxid. zinci, Plumb. carb., Merc. præc. alb., ʒ j to ʒ j of fat, or Merc., præc. rub. a grain to ʒ j. Carbolic acid, 1 or 2 grammes to 100 grammes of lard is

with some a favorite application, especially in acute cases, as it produces a pleasant feeling of coolness and renders the skin soft. Unguentum diachyli albi (Ol. olivar. ʒ xv, Lithargyri ʒ xxx, coque, l. a., in ung. molle, dein adde Ol. lavandul. ʒ ij.) is a favorite application with some in all stages of eczema. Green soap (sapo viridis) may be used for rubbing on the affected parts, or in the form of paste applied on flannel. It is well to rub twice a day all affected places with soap and flannel. After every rubbing the soft soap should be fully washed off with tepid water and the parts then covered with cold compresses. The eczematous vesicles are thus destroyed, and the rubbings should be continued till the skin becomes dry and shining. The soap-paste is only indicated in strongly infiltrated eczema, in order to change it into an acute form and thus to produce an absorption of the exudation.

Tar in its different forms is suited best to the eczemata of hairy parts, as in other forms its application is too painful. Instead of the crude article, carbolic acid is now in fashion (acid carbol, ʒ j, solve cum quant. suff. glycerine, ung. molle ʒ ij — or, acid carbol. ʒ ij, alcohol, glycerine, āā. ʒ ij, aqua destill. ʒ vi. The watery preparation is preferable in squamous eczema of the hairy scalp.

3. *Powders.* The most usual are: Amylum purum, Semen lycopodii, Pulv. oxyd. zinc., etc.

4. *Pressure.* Infiltrated eczemata need tight bandaging; but this can only be resorted to in eczemata attacking such parts as have an osseous support. Thus eczemata of the lower extremities are more easily cured if the salves or other medicaments are firmly pressed to the affected parts by a tight roller; eczemata on the hands by applying strips of adhesive plaster over the salves; infiltrations on the upper lip are frequently cured by applying permanent pressure with a piece of cork between the gum and the upper lip; chronic infiltration of the prepuce by the pressure of a metallic catheter introduced into the urethra.

We will hardly ever succeed in curing a case of eczema with one remedy, but according to the different stages different remedies may be indicated; age, constitution, occupation, even the parts affected will give us hints in the selection of the appropriate external and internal treatment.

Hughes considers *Rhus tox.*, *Croton*, *Mercur.* and *Arsen.*, the standard remedies for eczema.

Kafka advises in acute eczema, after removal of the cause, the internal application of Mercury or of Hepar. *Merc. sol.* in exuding vesicles with burning, stinging in the affected parts, and the surroundings easily inflamed after scratching; *Hepar* in purulent secretion with formation of crusts, with severe itching and scratching. Œdematous swellings, as of the eyelids, ear, penis, or scrotum, etc., and simultaneous swelling of the glands of the neck give no contraindication. Mercur. has sleeplessness before midnight, Hepar after midnight.

Arsenic. Dry, scaly eruption, sometimes fetid purulent secretion, with nightly burning and terrible itching, ameliorated by external heat.

Rhus tox. and *Ol. crotonis.* *Hot, burning eczemata with copious discharge.* *Rhus tox.* gives us also, burning, itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, loins and anus, with swelling of the parts, and small, yellowish vesicles, which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days.

Ol. crotonis. Itching, followed by painful burning; pustules first of the size of a millet seed, afterwards growing larger, running into one another, oozing and lastly forming a gray-brown crust; swelling of the glands.

Graphites and *Calcarea carb.* Two to three doses daily for thick crusts with constant oozing, especially in eczema on and behind the ears, and in eczema scroti.

Chronic eczema is always based on some internal disor-

der, and the removal of the dyscrasia, with the application of suitable external medication, is the form of treatment to be pursued. We find it necessary in these cases to localize the eczema.

Eczema capillitii (dartre squameuse humide.) Groups of papules and vesicles standing solitary or spread all over the hairy scalp, discharging large quantities of fluid after they burst, which mat the hairs together and form flat and soft or thick and hard crusts, turning to a yellowish-brown by the admixture of blood from scratching, with constant oozing of fluid and breeding a large crop of lice. As the temperature of the head is increased, the discharge becomes foul-smelling. This eruption is very apt to spread over the face and down upon the neck. It is mostly an affection of childhood, frequently complicated with seborrhœa, with catarrh of the eyes and nose, or with cerebral congestion. It becomes obstinate through the constant breaking out of new efflorescences, and the hair falls out. Sometimes an eczema squamosum remains after the crusts fall off and the discharge has ceased, and large quantities of scales are formed on the still congested scalp, which constantly peel off (*dandruff.*) A condition such as this indicates, according to Kafka, *Mercur. sol.*[3] or *Rhus tox.*[3], two doses daily, where there is constant oozing from the vesicles, matting the hair and causing a burning itching; in more stubborn cases, *Arsen.*[3-6] or *Lycop.*[6]; and where the glands are affected and other symptoms of scrofulosis are present, *Sulphur*[6], *Calc. carb.*[6] or *Conium*[3]; in rachitic patients, *Sulphur*[6] or *Silic.*[6]

Papules and pustules, oozing constantly and drying up to form thick crusts, indicate *Hepar*[6], *Calc. carb.*[6] or *Graphit.*[6]

Simultaneous scrofulosis points to *Baryta carb.*,[6] *Calc. carb.*[6], or *Sulphur*[6]. Rhachitis to *Silic.*[6] or *Phosph.*[3-6]

Natr. mur.[6], two doses a day, is the remedy for eczema capillitii squamosum, using externally at the same time

a solution of table salt, one drachm to six ounces of water. The patient should remain in the room until the scalp is perfectly dry, after this application has been made. The loose scales are best removed by a soft fine comb.

Raue mentions the following medicaments: *Calcar.*, *Lycop.*, when the eruption yields a thick and mild secretion.

Arsen., *Natr. mur.*, *Rhus tox.*, when it looks angry and excoriated.

Baryt., *Graphit.*, *Natr. mur.*, *Rhus tox.*, when it causes falling out of the hair.

Lycop., *Psorinum*, when it smells very badly and lice are produced.

Natr. mur., when situated on the boundaries of the hair, on the nape of the neck.

Clematis, *Petroleum*, when on the neck and occiput.

Hepar sulph., when the eruption itches most in the morning when rising, with burning and smarting after scratching; likewise after external application of salves.

Clemat., *Graphit.*, *Hepar*, *Lycop.*, *Natr. mur.*, *Rhus tox.*, *Staphys.*, *Thuya* for moist eruptions.

Arsen., *Calc.*, *Mercur.*, *Sepia*, *Silic.*, *Sulphur* when dry crusts are formed.

Baehr gives *Mercur.* when there is great tendency to inflammation of lymphatic glands; *Baryta* when there is coexisting painless and non-acute inflammatory swelling of the lymphatic glands. He also mentions *Borax*, *Clemat.*, and according to Hartmann, *Dulcamara.*

Children during the second dentition sometimes suffer from an eczema on the boundaries of the hair on the nape of the neck, which, after getting well, makes frequent relapses, with swelling of the adjacent glands. For this condition he recommends *Calc. carb.*, *Dulcam.*, *Ol. crot.* and *Rhus tox.*

Hale advises *Carbol. ac.*, *Iris vers.*, *Rhus venen.*

On comparing the recommendations of these different authors we find seeming contradictions, which, however

serve to prove the truth of the old maxim, that we cannot prescribe by one symptom, but that the subjective as well as objective symptoms in their totality must be our guiding star in the selection of the homœopathic remedy.

Eczema faciale chronicum varies according to the parts affected. On the hairy parts of the face the oozing fluid dries up into yellow, brown or green crusts, matting the beard, and, after removal of the crusts, a red oozing or a red scaly surface remains. Where the disease lasts for some time, the bulbs of the hair are drawn into the diseased circle and pustules form, each of which appears to be perforated by a hair of the beard. They do not rise much above the level of the skin, dry up to solitary, separately standing; yellowish-green crusts, under which suppuration progresses from one hair bulb to another (*sycosis.*) This peculiar process has also been observed on the ciliæ, the superciliæ and the nostrils, not only causing falling out of the hair, but producing scars also.

Eczema palpebrarum exhibits redness and swelling of the eyelids, with excoriations and pustules in the neighborhood of the ciliæ, which become matted together and form yellow or grayish-yellow crusts.

Severe burning and itching accompanies this process, and the ciliæ will be destroyed. It is frequently associated with conjunctivitis, constituting the disease termed *psorophthalmia.*

At the roots of the hairs of the nostrils the pustules dry up to thick crusts, which sometimes close up the opening of the nostrils, and thereby cause an erysipelatous inflammation of the external cutis of the nose.

Eczema faciei. This may appear in all its varieties on the face. In children it usually attacks the cheeks, the forehead and the chin, and gives rise to the formation of crusts. It is then known as *crusta lactea.* Its characteristic symptoms are, redness, swelling, oozing and the formation of crusts. On the cheeks and forehead yellow crusts

form, having an appearance somewhat similar to dried honey; after some time they turn green or dark-brown from the admixture of blood. Terrible itching accompanies this eruption.

Eczema aurium is either ichorous, pustulous or squamous, and spreads over the whole ear or attacks only single parts. It occupies chiefly the fissure behind the ear, more rarely the lobes of the ear, or the meatus externus may become obstructed by the swelling, in which case the whole ear looks stiff and stands off from the head; the limpid ichor is seen to ooze from the follicles in separate drops and often with such rapidity that the discharge is really enormous, or the exudation quickly dries up into yellow crusts, under which accumulations of lymph or muco-purulent fluids are held.

Eczema naris spreads from the external cutis to the mucous membrane of the nose, whereby the nasal secretion is increased. It is mostly only a continuation of facial eczema, and although the discharge soon dries up into crusts, still it never produces ulceration or destruction of the underlying parts. The adjacent cheeks are frequently red and swollen.

Eczema oris et labiorum. The eruption is unsightly and troublesome, and often, from the extension of the cracks, very painful, and it is very slow and obstinate under treatment. Where rhagades exist, the skin is more or less thickened and condensed by serous infiltration.

Kafka cured a case of eczema capillitii in a grown person, after other remedies had failed, with *Mercurius præcipitatus ruber* internally and externally (gr. j to ʒ ij. axungia), and he found the same treatment satisfactory for eczema attacking hairy parts, whether of the chin, the eyelids or the nostrils. Extraction of the hairs is necessary where pustules form around them, as they then discharge their contents and heal up under the use of the red precipitate.

Crusta lactea requires *Clematis*, *Ol. croton*, *Borax*, *Viola tricolor*.

Eczema auris. *Merc. sol.*, *Hepar*, and, where severe burning is felt and continuous scratching seems a necessity, *Rhus tox.*, *Arsen.* or *Carb. veg.* After the redness and heat are diminished, but the morbid secretion is still kept up, *Alumen* internally and externally may be of use.

But in these cases also, especially where crusts and fissures exist, the red precipitate is the most reliable prescription.

Raue mentions Arsen., Bellad., Borax, Calc. carb., Clemat., Cicut., Crot. tigl., Cyclam., Graphit., Hepar, Lycop., Mercur., Natr. mur., Rhus tox., Sepia, Staphys., Sulphur.

Jahr advises Arsen., Calc. carb., Calc. mur., Cicut., Graphit., Lycop., Mercur., Rhus tox., Sarsap., Sepia, Sulphur, Viol. tr.

Guernsey (*Obstetrics.* 2d. ed., p. 870) gives the following clinical indications for "eczema capitis," or *crusta lactea:*

Aconite. Much fever, restlessness, anguish; the parts much inflamed.

Arsenicum. Dry and scaly eruptions, with destruction of the hair in such places as are affected, leaving the scalp rough and dirty looking.

Baryta carb. Particularly when the cervical, submaxillary and parotid glands become swollen and hard.

Bryonia. Scalp is very tender so that the child cannot tolerate even a soft brush. In cases complicated with some other affection in which there is aggravation from motion.

Calc. carb. Leucophlegmatic temperament; eruption with thick scabs and yellow pus; stools of a chalky appearance, sometimes the eruption appears in the form of a ringworm.

Cicuta virosa. Thick, whitish scurfs on the chin and upper lip, with oozing; scurfs form on the nose.

Clematis. Dark, burning miliary eruption, with violent itching; a dampness constantly exudes from this which dries into scurfs as the disease spreads onward.

Dulcamara. Thick, brown herpetic crusts on the face, forehead, temples and chin, with reddish borders, bleeding when scratched.

Graphites. The eruption exudes a transparent, glutinous fluid, which causes the crusts to fall off—when more form, to fall again in turn,—meanwhile the eruption keeps spreading. Especially useful in eczema on the chin and behind the ears.

Hepar. Eruption spreads by means of new pimples appearing just beyond the main disease, which finally run together.

Jacea. Violent itching eruption, worse every night, and urine smelling like cat's urine.

Lycopodium. Eruption has a bad smell and bleeds easily.

Mercur. sol. Much salivation and scorbutic gums.

Phytolacca dec. Moist eruption, itching fearfully, with little raw tubercles on scalp, face and arms.

Psorine. Intractable cases.

Rhus tox. A bright edge of inflammation surrounds every portion of the eruption; much itching at night.

Sarsaparilla. The entire base of the eruption is much inflamed; the child cries much and is uneasy; the crusts become detached in the open air and the adjoining skin chapped.

Sepia. Moist eruption, constantly discharging pus-like matter; the child often jerks its head to and fro.

Staphysagria. The scabs are yellow, moist, *offensive* and itch violently.

Sulphur. The eruption extends more or less over the whole body, with much itching, although the main affection appears on the head.

Viola tricolor. Thick incrustations, pouring out a large

quantity of thick yellow fluid, which agglutinates the hair.

Rutherford Russel (*The Skin and its Diseases*, p. 108) advises in *eczema aurium:*

Graphites. Itching behind the ears, itching of the lobule and cheek; after scratching the part lymph oozes out and soon hardens.

Hepar. Heat, redness and itching of the external ears; scurfs on and behind the ears.

Oleander. Humid fetid spots behind the ears, with rough herpetic spots in front.

Cod-liver oil is the best greasy application for the purpose of softening and removing or preventing the formation of the crusts in this disease.

Eczema mammilarum is often a painful and obstinate complaint, especially during lactation. It may be ichorous, pustulous, squamous, or deeply chapped and fissured. In cases caused from lactation, the internal and external use of *Arnica* (Tinct. Arnica, gtt. vj, ad aqua fontana ʒ vi) suffices; or where the pain is very severe, moist compresses of *Nitras Argenti* (gr. j, ad aqua fontana ʒ j) ought to be put over the nipple, and the mother advised to allow longer intervals between the nursing, in order to give time for healing. *Cosmoline* is beginning to gain reputation in this complaint. Crusts around the nipples, with chaps and fissures, in women not nursing, need the red precipitate internally and externally.

Eczema umbilicale et inguinum results from the heat, moisture and friction which are the inseparable consequences of the apposition of folds of the skin, as in natural depressions like the navel, in the fold between the mammæ and waist, the thick folds of the neck and abdomen in fat persons and infants, the fissure between the buttocks, or between the thighs and the scrotum or labia majora. This form of eczema is usually termed *intertrigo*, and may be erythematous, ichorous or squamous.

The itching and burning of this eczema is sometimes unbearable, and, when the discharge is ichorous, the exudation is apt to take on a muco-purulent character. In the squamous variety there are cracks and rhagades of considerable depth and extent.

Raue recommends *Ammon. carb.*, *Calc. carb.*, *Graphit.*, *Ledum*, *Mercur.*, *Sepia*, *Sulphur*.

Kafka says that the chronic eczema umbilicale, as eczema rubrum, without simultaneous swelling of the skin, requires *Merc. præc. ruber ;* as moist eczema, with swelling and doubling down of the umbilicus, needs *Alumen.* internally and externally.

Eczema ani will be ameliorated by *Nitr. ac.*[3] or *Carb. an.*[6]; where the itching produces sleeplessness at night, Sulphur[6] or Arsen.[6]; when fissures or rhagades are present, the red præcipitate will prove the best remedy.

Eczema pudendi, perinei and ani. The itching of eczema is nowhere more strongly manifested than in the region of the pudendum, perineum and anus, in the male and in the female; and in no situation is it more lasting and obstinate. In the deepest folds there is always a moist secretion, etc., and in the cleft between the scrotum and the thighs and around the anus there are frequently painful rhagades and fissures.

The scrotum is peculiarly subject to itching: it is apt to be much torn by the nails, and that which before was a mere pruritus of the skin is rapidly converted into an erythematous and ichorous surface, tender, painful and thickened.

Eczema not unfrequently attacks the deep furrows of the prepuce and assumes a chronic character. It is erythematous, dry, squamous and fissured; the skin being indurated and thickened is apt to contract around the glans and occasion phimosis. When the eczema is on the lower surface of the penis, we find the skin there red and

humid, itching terribly, and in children giving rise to onanism. The oozing is generally slight.

Eczema rubrum is found on the labia majora, spreading thence outwardly and inwardly. In the former case the redness, swelling and morbid secretion may spread to the mons veneris and umbilicus, downwards to the thighs and knees, inwardly to the nymphæ and to the mucous covering of the clitoris and vagina, and the redness, swelling and discharge is often taken for a genuine leucorrhœa.

Eczema ani causes redness and swelling of the skin surrounding the anus. In consequence of the numerous folds, more or less deeply penetrating fissures and rhagades arise, exuding copiously and itching to such a degree that the patients continually scratch and even produce prolapse of the mucous membrane.

Raue advises Argent. nitr., Arsen., Calad., Crot. tig., Graphit., Hepar, Lycop., Natr. mur., Nitr. ac., Petrol., Rhus tox., Sepia, Sulphur, Thuya.

Russel: *Arsen.* Itching of the anus, with a feeling of roughness and soreness, as if the parts were excoriated.

Aurum. Itching of the scrotum.

Dulcam. Herpetic eruption on the labia majora.

Mercur. Swelling of the prepuce, with burning, smarting and redness, with cracks and rhagades on the internal surface and a red fine surface; vesicles on the forepart and sides of the glans, penetrating into the parts and spreading; they discharge a fluid and soon disappear; itching of the labia.

Petrol. Itching and moisture of the scrotum; redness and humid soreness of one side of the scrotum; herpes between the scrotum and thigh.

Sulphur. Prickings in the scrotum; soreness and dampness of the scrotum.

Kafka: *Merc. præc. ruber* is the remedy when the back of the penis is affected, and *Rhus tox.*, *Arsen.* or *Alumen.* for moist eczema of the inferior surface of the penis.

Scrotal eczema needs unremitting patience and endurance from physician and patient. As long as the skin of the scrotum is not infiltrated and copiously discharging, *Rhus tox.*, *Arsen.*, or *Crotal.* ought to be given. *Alumen.* internally and externally has done good; but where the skin is thickened, infiltrated and between the folds sore and humid, we apply methodically *Rhus tox.*, *Sepia* or *Graphit.*, and in obstinate cases *Silic.* or *Lachesis.*

Chronic eczema of the female genitals, extending outwards, needs *Sulphur*, *Calcar.* or *Hepar;* that extending inwardly *Alumen*, or a wash of nitrate of silver.

Eczema ani will be ameliorated by *Nitr. ac.*, *Carb. an.*, or *Causticum.*

Severe itching at night, with sleeplessness, always indicates *Sulphur* or *Arsen.* *Merc. præcip. ruber* will always act favorably in eczema where rhagades and fissure are present.

Baehr recommends, in eczema scroti: *Crot. tig.*, *Calad.*, *Rhus tox.*, *Sulphur*, as long as the eruption is in its acute stage; for the chronic variety: *Anthrak.*, *Sulphur*, *Arsen.*, *Lycop.*, *Nitr. ac.*, *Graphit.*, *Petrol.*, *Thuya.*

Eczema marginatum, or circumscribed eczema, always begins on that side of the thigh where the scrotum lies. A red, elevated, orbicular, itching spot arises. The centre of the circular spot soon turns pale and a red margin remains, consisting of papulæ, vesicles, and excoriation. On the edges the eruption increases peripherically and sometimes reaches the size of the palm of the hand. It hardly ever remains isolated, but others form in the neigborhood of the affected part or symmetrically on the other thigh, running the same course as the first one. These circular rings or marginate blotches have also been observed on other parts of the body.

Kafka recommends *Sepia*[6] or *Natr. mur.*[6] Tepid baths aid the action of the internal remedies.

Eczema extremitatum. This form of disease has the

peculiarity of appearing on correspondingly situated parts of the skin. The thin skin of the flexures of joints is especially susceptible to eczema, which may be ichorous or squamous, accompanied with rhagades and fissures, and frequently bleeding during the movements of the limbs. Stretching the limbs is very painful, and sometimes well-nigh impossible. Where the eczema attacks both sides of the joint, extension and flexion are prevented. The more the epidermis thickens and becomes infiltrated, the more will fissures appear and mobility be difficult. Eczema of the lower extremities frequently shows this peculiarity, that the skin appears thickened and infiltrated by varicosity of the veins, by chronic dermatitis cellulosa, by varicose ulcers, etc., and the eruption shows a darker color. The other characters of this eczema are the same as those of other forms, viz., infiltration, humidity, crusts and scales.

Eczema manum is frequently met with, as the hands are exposed to the action of irritants of various kinds. To this class belong Willan's "washerwoman's itch," grocer's itch, and baker's itch. It is frequently of the scaly and fissured kind. The palms of the hands may be dry, scaly, thickened and hardened, contracted, with long and deep cracks in the lines of motion. On the fingers it sometimes assumes the vesicular form, but more frequently the scaly, with fissures and cracks longitudinally and in the direction of the wrinkles of the joints. When it attacks the nails, they become discolored, brittle, ragged and uneven. Kafka says that the chronic eczema of the extremities requires the usual treatment, but it is an obstinate disorder to treat. By the steady and methodical application of *Rhus*, *Sepia* or *Graphit.* a cure may be effected. In a very obstinate case *Iodine* internally, two doses a day, and a weak solution externally (gr. j. to ʒ j.), produced amelioration and absorption of the infiltration.

Raue: Eczema of the legs, salt-rheum, is the result of

stagnation in the venous circulation, and it will be of great service to bandage the limbs tightly. Compare: *Arsen.*, *Calc. carb.*, *Carb. veg.*, *Graphit.*, *Lach.*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Rhus tox.*, *Sarsap.*, *Sepia*, *Silic.*, *Sulphur.*

Eczema in the bends of the extremities: Ammon. carb., Bryon., Calc. carb., Graphit., Ledum, Mercur., Sepia and Sulphur.

Eczema, seu psoriasis, palmaris et plantaris: Magn. c., Ranunc. bulb., Rhus, Sepia, Sulphur.

Baehr especially recommends *Staphisagria* in eczema pedum, or Rhus, Carbo veg., Graphit., Lycop., Mercur., Sulph.

A peculiar form of eczema, indigenous to America, is the

Camp Itch or Prairie Itch.

It is true that this disease has not all the characteristics of eczema, nor of prurigo or lichen, yet it is thought best to place it here, amenable to more accurate classification hereafter.

Dr. Thomas Rowsey (*U. S. M. and S. J.*, II., 337.) gives the following description of this troublesome disease: When it makes its appearance in a new section of country, it rages a long time with marked virulence, gradually disappearing as the tillage of the soil increases. Its approach is slow and insidious. In most cases the presence of the poison is unsuspected, until an *intolerable itching* reveals at first an erythematous flush on the inner aspects of the thighs or arms. This flushed surface, if examined under the microscope, will exhibit large numbers of *white*, *transparent*, *cone-like vesicles*, each elevation containing a drop of thin, limpid fluid, which is exceedingly acrid and irritating. They appear in irregular patches on the inner surface of the arms and thighs, on the breast and abdomen, at the wrist, near the shoulder, on and between the scapulæ, around the ankles, and in the flexures of the joints. The perineal region and the under and inner surface of

the scrotum are frequently involved, and the friction produced by the clothing in walking, chafes and irritates the already excoriated parts. On the prepuce and on the outer edges of the labia it sometimes begets the most obstinate itching.

Where the eruption runs its regular course, the minute vesicles gradually enlarge and become pustular in from one to three days, and if left perfectly undisturbed, they will perfect within two weeks from the date of their first appearance, when they suddenly disappear, and the skin is sometimes thrown off as after measles. Epidermic irritation continues while desquamation is going on. If the scratching and tearing could be prevented, the affection might disappear in a few weeks without remedial assistance, for the denuded surfaces take on a new morbid action and soon a dirty, yellowish-brown crust is formed, beneath which extensive suppuration is frequently carried on. Furunculosis quite often adds to the general disturbance. Sometimes these monstrous scabs crack open in the middle, through which quantities of offensive looking pus are discharged, and in neglected cases ulcers with sharply defined edges, bearing some resemblance to the varicose ulcer, are met with on the anterior surface of the lower extremities.

As prodroma we sometimes find nausea and headache, or a sense of weight and soreness in the back. Many times just before the eruption, and almost invariably during its progress, there exists dryness and heat in the fauces, mouth and lips. By and by the whole economy becomes involved; the tongue assumes a dirty-yellow coating, with great dryness in the morning, when the patient first awakes, bowels constipated or irregular, excessive secretion of very pale or reddish-brown urine, sometimes with but often without deposit. The urine is strongly alkaline. In children the entire glandular system becomes affected. The least warmth aggravates the itching. *It is neither of parasitic origin nor contagious.*

Dr. W. S. Searle (*U. S. M. and S. J.*, III., 1.) considers this affection a mere hyperæsthesia of the cutaneous nerves, a mere pruritus, but still makes contagiousness the sole diagnostic symptom of the disease, and bridges this chasm by the hypothesis, that the hyperæsthesia produces a change in the nutrition of the cutaneous cells, and a consequent change in the secretions of the skin. (Contagiousness, except parasitical contagiousness, is yet an open question in most disorders.)

Treatment. Rowsey considers the best local application to be a *lotion of the lye of wood ashes.* This lye must be diluted with two or three times its quantity of water and applied with a sponge to the diseased surface. It should be strong enough to create quite a sharp, smarting, tingling sensation, but not an actual pain. For internal use he gives the following medicines.

Kali $^{30, 60,}$ or $^{200.}$ Burning, itching, sensitiveness and tension of the skin; heat and burning in the face, generally in the morning or in the middle of the afternoon; eruption in the perineal region and upon the scrotum, along the edges of the labia; head feels dull and heavy, but does not ache; sensation of soreness when moving the head; swelling of the cervical glands; offensive discharges from the ear; long-continued nausea, vomiting, frequent eructations; pain and uneasiness in the region of the liver; aching and soreness in the lower extremities.

Rhus tox. The vesicles have been torn and lacerated, and large quantities of acrid fluid are discharged; intense itching; the skin feels sore and stiff; general bruised feeling over the whole body; heavy rheumatic pains.

Viola tricolor.—Stinging, burning, itching over the whole body, almost insupportable; itching of the prepuce; gastric disturbances.

Ledum pal.—Itching eruption scattered thickly over the scalp; flush on face and forehead; peculiarly indicated

for enlargement of the cervical glands; burning and smarting in the lower extremities; bone pains.

Mezereum.—Burning in the stomach; enlargement of the cervical glands; sensation of tightness and dryness in the throat; numerous boils and abrasions have a tendency to ulceration; is indicated in pale cachectic persons and in those of a strumous diathesis.

Searle considers *Rumex crispus* the true specific for this horrible plague. According to Wood and Bache, Rumex contains sulphur, besides various salts, among which are the phosphate of lime and different acetates and malates which probably renders it so useful in skin diseases. In Bellevue Hospital it is very generally used in a large proportion of venereal, scrofulous and cutaneous diseases as a substitute for Sarsaparilla, and with the most satisfactory results. It has cured several inveterate cases of itch. (*Transac. Am. Med. Assoc.*, I., 1848.)

Great care should be observed in regard to cleanliness. The underclothing should be changed twice or thrice a week, and an occasional ablution of the whole body with castile soap and water will expedite the cure. A mild nourishing diet, which will not too heavily tax the digestive organs, will best suit such sufferers.

(Camp itch, army itch, prairie itch—we know very well—have not all the characteristics of eczema nor of prurigo, but we have to place them somewhere, with the idea of placing them more suitably by-and-by.)

General Indications for Remedies Useful in the Treatment of Eczema.

(From the Lectures of Professor A. R. Morgan, late of the Homœopathic Medical College of Pennsylvania and the New York Homœophathic Medical College.)

Aconite.—In plethoric persons; acute symptoms; stinging and pricking of skin; anguish, restlessness, crying out.

Apis mel.—When the skin is red and œdematous—*burning and stinging.* (Silicea, stinging without swelling and redness.) No thirst; urine scanty; tendency to dropsy. *Aggravation.* From heat. *Amelioration.* From scratching, and cold water. (Pulsat. and Sepia.)

Antimonium tart.—Eczema impetiginoides; vesicles surrounded by a red areola—with itching; eruptions about the nose and eyes, neck and shoulders and back of the ears. Sleepiness, with nausea; irritable, wants to be carried; complains when touched; rattling cough.

Arsenicum.—Dry eruption, accompanied by *intense burning of surface;* little itching; very restless, wants to change position; thirsty, drinking but little at a time (China); the water disagrees; always in a hurry. Painful sensations felt during sleep. Dry, parchment-like skin (Graphit.). Eruption appears about the face and extremities; corrosive discharge; has a tendency to turn black. *Aggravation.* From cold in any form; from scratching (burning), with bleeding after; at night, particularly after midnight; in open air; from heat.

Aurum. Old persons. Constant desire to be out in the open air, even in bad weather. Suicidal tendency. Mercurial symptoms.

Alumina.—Scalp, face and extremities are affected, with itching. After scratching a moisture is developed. There is little or no relief after scratching. Tendency to grow moist. The slightest bruise of the skin smarts; the nails are brittle; dry skin even in hot weather. The patient feels hidebound, as if the white of an egg had dried on the surface. (Graphit. Phos. ac., Sulph. ac., Magn. carb., Baryt. carb.) *Aggravation.* In evening and from heat of bed (itching). During full moon. Every other day. *Amelioration.* In open air. (Baryt. carb.)

Baryta carb.—Fat, dumpy children; hunch-back children, with swollen lymphatics. Eruptions moist, itching, burning and pricking; moist eruption on scalp; the hair

falls out; glandular swellings; diffident, timidity in the presence of strangers; wants to be left alone (Lycop. Ignat. Sepia). Takes cold easily, and has sore throat—chronic sore throat. Feels hidebound (Alum., Graphit.). *Aggravation.* At night and from scratching (Anac., Bovist., Calad., Caustic., Con., Ledum, Mezer., Pulsat., Silic., Stront.). *Amelioration.* When walking in the open air.

Bovista.—Moist vesicular eruptions with formation of thick crusts—under the crusts the formation is increased. No relief from scratching. Eruptions about the mouth and nostrils. Upper lip swollen (Calc. carb., Hepar, Lycop., Mercur., Natr. mur.). Complains of general lassitude, especially in the joints—always dropping everything that they take hold of (Apis). The skin and superficial fascia are flabby, and an impression made with a blunt instrument remains a long time. Constipated. Patient wants to urinate immediately after micturition. Perspiration smells like onions. *Aggravation.* From warmth.

Belladonna.—Robust persons; excitable; over-sensitive. Eruptions appearing during dentition, with tendency towards convulsions. Scarlet redness of the entire surface, diffused, non-circumscribed. Burning and itching with great sensibility to touch (Hepar, Cinchon., Mercur., Rhus). Redness and heat of face; pupils dilated. Jerking of tendons. Excitable or somnolent; perspires on face or neck, or else only on covered parts. Erratic pains.

Calcarea carb.—Phlegmatic persons with light hair and blue eyes. Females whose menses appear too soon and are too profuse. A long acting remedy. Full habit. Children bloated; hard, swollen glands. Fleshy children, with lax fibre. Swollen upper lip (Hepar, Lycop., etc.). Obstinate, self-willed. *Characteristic.* No dread of water, but cutaneous affections are aggravated by water. A sulphur patient dreads water. (Worse in water, Arsen., Ant. crud., Carbol. ac., Dulcam., Nitr. ac., Pulsat., Sepia and

Sulphur.) Extremely prostrated by a short walk. Takes cold easily. No sleep. Eruption frequently dry, burning, and itching; skin cracks; deep fissures occur. Moist variety. Crusts thick on face, neck and scalp. Chronic eruption, with cold feet, as though there were damp stockings on them. Sensation of cold in inner organs. *Aggravation.* In open air. From water. *Amelioration.* In a warm room.

Caladium seg.—Burning vesicular rash on chest and fore-arm, and on the vulva. The appearance and disappearance alternate with asthma. Great disinclination to move. *Characteristic.* Vertigo on going to sleep; dare not sleep on account of it; low spirited. *Amelioration.* When perspiring.

Cantharis.—Watery vesicle, as if excoriated; burning, itching, and when touched there is burning and smarting. Eruptions complicated with urinary difficulties. Perspiration smells like urine. Eruptions mostly on right side. *Aggravation.* From touch. *Amelioration.* From lying down.

Carbo veg.—Cachectic individuals. Fine rash, fine and moist, accompanied by burning sensation on different parts of the body, not especially the spot where the eruption is; appears on face and chin. Action on venous capillaries. Hemorrhoids, with flatulence. *Aggravation.* From warmth and water (From water, also, Calc. carb., Ant. crud., Dulcam., etc.).

Causticum.—Moist eruption, especially on nape of neck. Rheumatic and gouty. Insupportable restlessness. Eruption around the nipple, tending to ulceration. Child is afraid at night in a dark room; does not want to go to bed alone. *Aggravation.* In evening; in the open air. *Amelioration.* From warmth and heat of bed.

Clematis erect.—Eruption on back of head and neck; tingling and itching. The vesicles break, overflow the other parts, with tendency to ulceration. Sticking sensation when touching the skin. Eruption moist during

the increasing moon, and dry during the decreasing. Eruptions following suppressed gonorrhœa. *Aggravation.* From washing and heat of bed.

Conium mac.—Glandular enlargement. Moist vesicles, aggravated by scratching. After scratching, pricking in skin. Eruption developed by being over-heated. Gluey, sticky discharge, forming hard crusts. Eruptions in old people; taciturn; wants to be alone. Occurs about the face and arms and mons veneris (Rhus). Vertigo seems to come on when turning the head, when turning over in bed, and when looking up. *Aggravation.* When scratching.

Dulcamara.—Vesicular eruption on face and extremities, oozing a watery fluid; bleeds after scratching; eruption preceding catamenia. Persons who get angry easily. *Aggravation.* From cold; in cold weather and after taking cold; in evening when at rest. *Amelioration.* While moving in warm air.

Graphites.—Obese people; blonde complexion; despondency. Females who are subject to scanty menstruation; very dry skin; never perspire; great soreness of the skin after scratching; red stripes of inflammation. The symptoms predominate on the left side. Especially adapted to eruptions behind the ears, back of head, and in bend of limbs. Moist eczema; after scratching a moisture exudes. Eczema palmaris; sticky and profuse secretion of serous fluid; eruptions apt to become purulent; patients take cold easily. *Aggravation.* In the evening; from cold; a draught of air. *Amelioration.* When at rest.

Hepar sulph. Moist eruption; light hair; glandular enlargements; skin burns and itches after scratching; extremely sensitive to contact and touch (Bellad., Mercur., Rhus. Relieved by contact, Bryon., Thuya, Zincum). Skin inclined to ulcerate; sores exceedingly sensitive to touch (Nitr. ac.). The large sore is surrounded by small pustules. The eruption predominates on the scalp. After the abuse of

Mercury. *Aggravation.* From contact; at night, and from cold air. *Amelioration.* From warmth or wrapping one's self up warmly.

Kali carb. Persons inclined to pulmonary difficulties; take cold easily; sensitive to cold. *Characteristics.* Sticking pains all over; eruptions dry at first but when scratched exude a moisture; comes on in warm weather; puffy and baggy swelling of the upper eyelids (*Arsen.* puffiness of lower eyelid); great dryness of skin; deficient perspiration (Graphit., Alum., Ledum); yellow, scaly, violent-itching spots over the body, especially over abdomen and around the nipples. *Aggravation.* Between two and three o'clock A.M.; from cold air (Hepar); from becoming cold. *Amelioration.* In warm air and on getting warm (Hepar).

Ledum. Eczema occurring in drunkards. The eruption comes out after a debauch. Dry eruption; gnawing, itching of skin; sensation as though lice were crawling over the surface; unnatural dryness of skin (Graphit., Alum., Kali carb.). *Characteristic.* In rheumatic persons the pain commences in the feet and goes up. *Aggravation.* From heat and motion (pain in joints only); heat of bed.

Lycopodium.—Eruption first vesicular then dry; the surface bleeds after scratching; biting and itching when becoming warm; humid eruption, full of deep cracks, afterward covered with a thick crust. Eruption on back part of head, moist, smelling fetid; bleeding after scratching; oozing after scratching with increase of crusts; great debility while at rest, feels as though he had no strength (Arsen. just the reverse); inclined to constipation; wants to eat, but a few mouthfuls fill him up full. *Aggravation.* After getting heated, and from wet poultices; from four to eight P.M. *Amelioration.* From cold; from uncovering one's self.

Mercurius sol. Eruption dry and itching; after scratching obstinate bleeding and great smarting; eruptions all

over the body, particularly on hairy parts; adapted to persons who perspire easily; no relief from perspiration; loss of tone of all the mucous surface (Glon., Iodium, Stramon., Tellur.); imprints of the teeth on the tongue (Rhus). *Aggravation.* At night; after getting in bed (itching); after scratching. *Amelioration.* In the morning.

Natrum mur.—Eruption which comes in the bends of the knees and elbows; behind the ears and back of the head and neck; in the border of the hair. *A humid eruption, with gluey discharge, matting the hair;* great rawness and soreness of the skin; smarting. *Light crusts form on the back of head and neck, along border of hair, which are irregular and resemble peach gum.* Vesicular eruption on and around lips. Lips and corners of mouth ulcerated and cracked. Borders and corners of eyelids raw and ulcerated. Itching, humid eruption on face and chin; raw, angry looking eruption. Eruptions developed by exercise. Shooting pain in skin. The skin symptoms of Natr. mur. most resemble those of Graphit. *Aggravation.* In the forenoon and from exercise. *Amelioration.* After lying down.

Nux juglans.—Burning, itching vesicles upon a cracked surface, with a greenish discharge, which stiffens the linen. Large blood boils on shoulders and in region of liver, very painful. *Aggravation.* In the evening and at night.

Oxalic acid.—Exceedingly sensitive skin, with vesicular eruptions. *Characteristics.* Suffers from the use of sugar and sweets in general. *Aggravation.* All symptoms while thinking of them (reverse, Camphor).

Oleander.—Vesicular eruptions about the head of children, with smooth, shining surface, with drops of serum standing out here and there. Humid, scaly eruption on the back part of head and behind ears, with biting and itching, as from lice (Ledum); relieved when first scratching, but soon followed by burning and soreness (Sulphur),

which gives place to biting and itching. Gnawing and itching, with red, excoriated, shining surface. *Aggravation.* From scratching, and when undressing (itching, (Arsen., Coccul., Mezer., Nux, Pulsat., Rhus tox., Silic.).

Petroleum.—Moist eruptions, with great itching; copious oozing after scratching. Ulceration after scratching. Obstinate dry eruptions on genitals and perineum. Eruptions on the inside of thighs. Skin heals with difficulty. Aversion to open air. *Aggravation.* During a thunder storm (Phosphor.); in the open air. *Amelioration.* From warmth and warm air.

Phosphorus.—Dry eruptions, burning and itching. Lean persons. Can't lie on the left side. "Small wounds bleed much." (The blood coagulates quickly, reverse Laches.) *Aggravation.* In the evening; at night; before midnight; during thunder storm (Pulsat.). *Amelioration.* After scratching; after sleeping.

Rhus tox.—Burning vesicular eruption, coming on in cold weather. Eruptions on hairy parts, and on genitals, with tingling and itching. Humid, itching eruptions on head, forming thick crusts, having an offensive smell; falling off of the hair. Hardness and thickening of the skin, with rhagades (scrotum), with intolerable itching. Humid eruptions on scrotum; milk crust on face, humid, angry looking, forming hard brown crusts. *Aggravation.* From cold in general; getting wet; in the morning and during cold weather. *Amelioration.* Immediately after scratching (afterward burning); by motion.

Ranunculus bulb. Vesicular eruption as from a burn; smarts as if scalded. Eruptions in clusters. *Aggravation.* In the evening; from change of temperature; from touch and motion.

Sepia: Eruptions during pregnancy and nursing. Dark complexioned persons and especially corpulent women; great lowness of spirits; nervous excitability; sad, inclined to wake in the morning early, about three, and

cannot sleep again; itching of the skin changing to burning when scratched; vesicles ooze serum on being scratched; soreness of skin and humid places in the bends of the joints and behind ears (Natr. mur., Graphit., Petrol., Lycop.). Humid eruptions, itching, and burning. Dry eruptions appear on the *inside* of elbows and knee joints. Dry ring worm (Tellur) especially on the face of children, about the mouth the spots are round; dry, offensive eruptions on the vertex and back of head, itching and tingling, with cracks behind the ears, with soreness after scratching. *Aggravation.* In open air; by application of cold water; after eating. *Amelioration.* In a warm room and in warm air.

Staphysagria. Humid vesicles which are offensive, burning and itching, about the head and ears of children; scratching sometimes changes the locality of the itching; oozing after scratching; scalp painfully sensitive; skin peels off, with itching and biting; the hair is inclined to fall out; hypochondriac; cross words injure the feelings; children are impatient, cry for things and throw them away after getting them. *Aggravation.* From scratching; from touching the affected parts; from abuse of Mercury. *Amelioration.* From walking in open air.

Sulphur. Voluptuous itching all over, with burning after scratching, or with soreness after scratching and sometimes little vesicles; creeping of the skin as though insects were on the surface; eruption on back of head and behind ears, dry, offensive, scabby, with cracks, easily bleeding, burning and painful; relieved while scratching, with burning and intense soreness, sometimes bleeding, after scratching; takes cold easily, with glandular swelling; skin cold and dry; the patient is thin and stoops in his gait; great aversion to washing and to open air; peevish and fretful at night with burning of palms of hands and soles of feet. *Aggravation.* From getting warm in bed (itching); from washing; during full moon; from

wet poultices (Lycop.). *Amelioration.* From heat; in dry weather; after rising.

Sulphuric acid. Moist eruption with pricking of the skin; on scratching the itching changes locality (Staphys.). Eruptions succeeding suppressed gonorrhœa (Clematis). *Aggravation.* In open air.

Thuya occ. Itching vesicles with shooting pains; skin extremely sensitive to touch; burns violently after scratching; dry, scaly eruptions on head extending to the temples, eyebrows, ears and neck, with itching, tingling and biting; dryness of covered parts; perspiration of parts uncovered, smelling sweet like honey; eruptions only on covered parts; offensive perspiration of the feet. *Aggravation.* From cold wet; heat of bed; about three A.M. *Amelioration.* From gentle rubbing (itching); from warm wet (reverse Lycop. and Sulphur); from a development of coryza.

CHAPTER II.

VESICULAR DISEASES OF THE SKIN.—Continued.

Herpes.

Prof. Hedges, of Chicago, (*U. S. M. and S. J.*, VIII, 440.) justly remarks that the diagnostic differences between eczema and herpes are slight, and that the two diseases often grade off into each other in such a way that the line of demarcation is with difficulty traced. The vesicles of herpes are larger than those of eczema and do not tend to become confluent. Each herpetic vesicle runs its course distinctly and separately. Again, in eczema there is a decided tendency to the formation of raw and moist crusts, secreting and discharging a gelatinous watery discharge; which is quite different from the course taken by an herpetic eruption.

Tilbury Fox regards the herpetic eruption as *bullulæ*, and thus places it between eczema and bullæ. He also remarks that the disease is characterized by the presence of vesicles *distinct from each other* and invariably seated upon an inflamed base. They are generally tolerably few in each separate collection of vesicles; do not rupture as a rule; and their contents, alkaline or neutral when clear and slightly acid when turbid, after becoming opaque, disappear by resorption, but now and then by rupture and desiccation into light brownish scales. The vesicles last about seven or eight days. The disease is mostly accompanied by sensations of heat, tension and burning, which indeed are felt to a greater or less extent before the appearance of the eruption. Occasionally severe neuralgic pains occur before, during or after the eruptive stage; this being particularly the case in herpes zoster.

Willan designates herpes as a common *acute*, *non-contagious*, *vesicular* disease. Neumann places herpes zoster among the angio-neuroses, thus showing its origin in nervous disorders, and again, according to its objective symptoms, under herpes (Bläschenflechte), which he also considers as an acute, non-contagious disease, running a typical course, in which vesicles or blebs *appear in groups* upon an erythematously-inflamed portion of the skin. The eruption is attended with *burning* pain, which is very intense in some forms of the disease and has the character of a *neuralgia*. This pain may last long after the disappearance of the eruption.

a. *Herpes labialis*, or better, *facialis*. This affection accompanies febrile diseases. Groups of vesicles are also seen on the mucous surface of the mouth and pharynx. Similar herpetic eruptions occur, in *otherwise perfectly healthy* persons, on the forehead, lids, nose and ear; and in young persons, at certain definite periods of the year, herpetic eruptions recur, with febrile symptoms, over the extensor surfaces of the elbow and knee-joints, and after a few days

similar groups of vesicles show themselves on the cheeks or perhaps on other parts of the body. (Jeffries, p. 44.)

Gerhardt explains the origin of herpes facialis thus: The small arteries which run in the bony canals next to the fine trigeminal twigs, become contracted at the commencement of the febrile attack, and owing to the hot stage again dilate, so as to press on the nerves and irritate them, and hence a vesicular dermatitis. He lays stress on the fact that the place of election of this eruption is in the region between the chin, ear and eyebrows.

Bertholle describes cases of herpes of the soft palate appearing suddenly during *perfect health*, with great pain on swallowing, accompanied with severe headache, accelerated pulse and hot skin. The reddened and swollen pharynx and tonsils are covered with small yellowish specks of the size of a lentil, which, on account of the delicacy of the epithelium, very quickly rupture and are seen only as reddened points devoid of epithelium. They are occasionally met with on the uvula and anterior pillars of the fauces, but are *never seen on the posterior wall of the pharynx.* As a general rule the vesicles are not confluent, but they leave flat ulcers behind them which soon heal.

b. *Herpes progenialis.* Jeffries correctly states that this vesicular eruption is not a neurosis and therefore ought not to be regarded as an herpetic eruption, nor has it anything in common with syphilis. Such vesicles frequently appear on the genitals in men and women, which remain as such but a very short time, for the epithelium soon ruptures, being softened by the high temperature. These places, stripped of epidermis, become irritated and inflamed by the sebaceous secretion abundant in such places in man and by leucorrhœa in women, or simply from the contact of the two surfaces of skin, and they are subsequently covered with a yellowish purulent layer. These little ulcers are of the size of a pin's head or a lentil, and quickly heal by cleanliness; but they differ from genuine

herpetic eruptions in this, that the vesicles very quickly run into each other and form a sore which may closely simulate chancre, having a white base and an elevated margin; but they secrete very little or no pus, whereas the discharge from a chancre is quite considerable.

c. *Herpes iris* and *circinatus*. *Herpes iris* commences as a solitary vesicle on an inflamed base, and new vesicles spring up around the primary one in the form of concentric rings, which have different colors and contents (serum, sero-pus and pus) according to their stage of development. The disease is never attended by any constitutional symptoms. Its common seat is the back or palm of the hand or the instep at first, but it may subsequently involve the entire extremity, commonly, however, only the forearm and leg are implicated, while the body and face remain free. In severe cases the eruption is attended with a febrile condition. It appears in young persons, chiefly in the spring and autumn, but Fox has also observed it in elderly people. It may last for weeks and is apt to reappear.

Herpes circinatus is simply a variety of herpes iris in which the disease spreads peripherically in the form of vesicles while the process of drying has already taken place in the centre. The peripheral portion shows several rings of vesicles at the same time, and the livid redness around the circle leads one continually to expect new additions. In true herpes circinatus the vesicles are plainly visible; their contents, at first transparent, soon become turbid, and give rise to a thin brownish scab. A second crop of vesicles sometimes follows, but the affection commonly runs its course in eight or ten days. (Hillier.) We are of the opinion that these two forms of eruptive disease should not be classified with hepetic eruptions.

d. *Herpes zoster*, *zona*, *shingles*, derives its special name from the peculiar manner in which the groups of vesicles tend to encircle the body like a girdle. It follows the

course of one or more of the cutaneous nerves, generally stopping short at the median line before and behind, though it may cross this point. It generally affects the trunk, but may attack the face, the shoulder, the abdominal wall or upper part of the thigh (the line of eruption corresponding to that of the long axis of the limb). The right side is more frequently attacked than the left (101 in 178 cases according to Baerensprung). The disease is most common in the young, is of about equal frequency in both sexes, and occurs particularly during change of weather. On rare occasions it may almost become epidemic.

This is an acute disease of definite duration (fourteen to twenty days). The patient ails for a few days, is feverish, out of sorts, complains of shivering, perhaps pain in the side; presently patches of erythema appear and present a number of little white points, which quickly enlarge into bullulæ, perhaps coalescing and forming distinct bullæ; the vesicles are tense and contain clear serosity; in four or five days they become partially emptied and flaccid, the contents becoming turbid and dark; at the same time the red blush fades and the patch scabs over. The crusts disappear in about ten days, leaving dark red stains. The changes are not completed at the same time over the whole area, and the eruption in its several stages may therefore be observed on different parts of the same person. In rare cases herpes zoster may ulcerate and soon become gangrenous. Pain may be a prominent symptom, lancinating, smarting, burning. Convalescence is slow. (Fox.)

Hebra thus describes the normal course of herpes zoster.

1. The eruption appears, runs its course and leaves no scar. The first clusters of vesicles appear near the mucous centres, and the later ones toward the extremities of the nerves whose course they follow.

2. The eruption is confined to one-half the body, and vesicles are formed on all the reddened patches.

3. Painful sensations do not persist for any long period after the outbreak of the eruption. (This is denied by other observers of as high authority.)

4. The vesicles contain transparent serum or a puriform fluid.

The characteristics of an abnormal course are:

1. Cases where clusters of eruption form no vesicles, but only papules (abortive zoster), or they run on into bullæ or are converted into deep-seated pustules, leaving scars behind them.

2. The eruption occurs symmetrically on both sides of the body; or some clusters attain their proper development whilst others attain only to the stage of small points and then disappear.

3. Considerable neuralgic pains are experienced before and during the eruption, which continue for a long time after the drying up of the eruption, sometimes with disturbances in the motor functions.

4. The contents of the vesicles are mixed with blood and the immediate vicinity of the vesicles is infiltrated with blood. These cases are often attended with very severe pains.

According to its location we find: *Herpes zoster capillitii*, *faciei*, *nuchæ*, *brachialis*, *pectoralis*, *abdominalis*, *femoralis*. When affecting the ophthalmic nerve, it may greatly injure and even destroy the eyeball. There is severe pain and injection of the conjunctiva and cornea, and the movements of the iris are interfered with.

Hutchinson and Bowman consider it a peripheral neurosis in the ultimate ramifications of the sensory nerves, followed by a corresponding vesicular alteration. With this we have redness of the connective tissues, photophobia, a central softening and ulcers upon the cornea, or iritis. The first named writer found the eye affected only

when the eruption extended from the forehead to the nose. He also observed paralysis of the muscles of the eye supplied by the oculo-motor nerve.

Baerensprung remarks that the ganglia spinalia give us the key to the explanation of the phenonema of herpes zoster. The neuralgia so frequently accompanying the eruption is to be explained by the transmission of irritation and reflex action from the ganglion upon the corresponding posterior root. Zoster is therefore a disease of the ganglionic system, more especially of the spinal ganglia or the ganglion Casserii; although the peripheral irritation of a nerve which has ganglionic fibres may result in a limited eruption of zoster vesicles, and we must grant even the possibility of a purely reflex affection of the ganglion.

As regards the anatomy of zoster, Biediadecki found that the papules and vesicles were formed in the same way as in eczema. When pustules form, the cell elements increase in the papillæ and permeate the whole corium and a part of the subcutaneous cellular tissue. The papillary blood-vessels are enlarged and crowded with blood. From the papillæ spindle-shaped cells push into the mucous layer, then subdivide, pushing apart the epitehlial cells as series of round cells. In the centre of the pustule there is considerable cell-proliferation, and collections of pus are formed in the mucous layer, in a network composed of the compressed and altered epithelial cells of the middle and upper mucous layer. The epithelium of the lower mucous layer takes part also in the process of subdivision, often mother-cells, holding several nuclei, lying above the flattened and cell-infiltrated corium, but here and there reaching into the network. Around and in the neurilemma there is evident cell-proliferation, similar to the proliferation in neuroma and carcinoma around the trunk. (Jeffries, p. 48.) Dr. Haight found the nerves swollen, the medullary substance softened, and the axis cylinder eccentrically enlarged.

Treatment. Hebra, Neumann and others consider the expectant mode of treatment the most appropriate. All friction must be prevented by an appropriate bandage, and the spontaneous drying assisted by dusting the parts with starch. Painting the parts with collodion, and the application of poultices, with Ol. Hyoscyami, often give relief. Ointments of cerate or glycerine are recommended by others. For the severe neuralgic pains, hypodermic injections of morphia are the ne plus ultra of the regular school.

Kafka (II, 421) remarks that homœopathic remedies fail to shorten the course of the different forms of acute herpes, but we may successfully combat the accompanying symptoms. As zoster belongs to the class of diseases which frequently appear under the influence of a sudden change of weather, as eczema and rheumatism, we can easily comprehend the beneficial action of *Rhus tox.*, *Merc. sol.*, *Caustic.*, *Hepar*, *Mezer.*, *Arsen.* Simultaneous gastric disturbances remind us of *Nux vom.*, *Pulsat.*, *Sepia.* Baehr relies chiefly on *Mezer.* or selects his remedy according to the neuralgic symptoms. Hughes is fully satisfied with the results of *Rhus tox.* Wilkinson relieves the itching by the local application Canthar. lotion. *Ranunculus* and *Cistus* may be suggested in addition to Rhus tox. and Arsen. for the removal of neuralgia.

Russel (*B. J. of H.*, X.) gives the following indications:

For *Herpes facialis:*

Arsenicum. Red herpetic skin around the mouth; eruption along the border of the vermilion borders of the lips.

Belladonna. Small pimples on the lips, covered with a scurf and smarting as if they had been touched by saltish water; pimple on the upper lip, tingling when not touched; contact excites a stinging itching with it.

Calcarea carb. Eruption of pimples around the mouth

and on the corners of the mouth; scurfy pimple on the margin of the vermilion border of the lower lip.

Cicuta virosa. Burning itching vesicle on the upper lip near the vermilion border.

Dulcamara. Pimples and little ulcers around the mouth with tearing pains when moving the parts.

Graphites. Eruption near the corner of the mouth, on the lip; small white blotches on the upper lip; thick-set, whitish pimples on a red base, and somewhat itching, near both corners of the mouth under the lips; a vesicle on the upper lip with cutting pain.

Hepar. Eruption in the corner of the mouth with a sensation of heat in that part; red itching spot below the lower lip, which was soon covered with a number of yellowish vesicles, forming a scurf.

Mercurius. Yellow crusts on the upper lip near the margin, with smarting and burning pain.

Silicea. Eruption on the lips, vesicles on the upper lip, stinging when touched, causing a smarting pain; pimple on the margin of the vermilion border of the upper lip, first itching, afterwards, when covered with a scab, merely smarting.

For *Herpes præputialis* or *genitalium.*

Aurum. Itching of the scrotum.

Dulcamara. Heat and itching of the genital organs; herpetic eruption on the labia majora.

Hepar. Itching of the penis and the frænulum præputiale; itching of the glans; humid soreness in the fold between the thigh and the scrotum, with smarting pain, as if the parts were excoriated; itching of the scrotum.

Mercurius. Voluptuous itching on the surface and the interior of the prepuce; swelling of the prepuce with burning, smarting and redness, with cracks and rhagades on the internal surface, and a red fine eruption on the surface; vesicles on the forepart and sides of the glans, penetrating into the part and spreading; they discharge

a fluid and soon disappear; burning around the glans in the evening, afterwards vesicles on the inner surface of the foreskin, which soon form little ulcers, healing rapidly; a number of small red vesicles at the termination of the glans, behind the prepuce, changing to ulcers, which burn and discharge a yellowish-white, staining, strong-smelling matter.

Phosphoric acid. Itching creeping in the frænulum; vesicles near the frænulum, itching when pressing on it; humid itching vesicles on the frænulum, preceded by creeping.

Sepia. The glans is hot and itching with soreness of the prepuce; hot glans, with a pale-red sometimes itching eruption; red tips on the glans; swelling and humid itching eruption on the inner labia; soreness and redness of the labia, in the perineum and posteriorly between the thighs.

Silicea. Itching under the prepuce; redness of the prepuce near the corona, as if excoriated, with frequent itching; swelling of the prepuce with itching humid pimples on the outside; itching and humid spot on the scrotum.

Sulphur. Troublesome itching of the pudendum, with pimples all around; painless vesicles on the outer parts of the pudendum.

For *Herpes phlyctenoides*, not confined to any special locality, but spread indiscriminately over various parts of the surface.

Aconite. Large red itching pimples; reddish pimples filled with an acrid fluid; isolated pimples of the size of a pin's head and filled with a serous fluid, on various parts of the skin, and especially on the forehead, nape of the neck and on the face; after a while the pimples dry and peel off; vesicular eruptions on both temples.

Arsenicum. Herpes, having a red unwholesome appearance, with vesicles and violent burning, particularly at night (in the pit of the stomach and on the back).

Bovista. Goose-flesh with violent itching; herpes after an itching over the whole body, in the evening; moist scurfy herpes-like red pimples.

Calc. carb. Itching vesicular eruption over the whole body, especially the hips.

Cantharis. Small itching vesicles between the chin and the lips, on the forehead and cheek; on the palm of the hand.

Clematis. Vesicular eruptions on the body; herpetic eruptions. (More suitable for chronic constitutional herpes.)

Mercurius. Herpetic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid fluid, or which remain sore, become hollow, afterwards raised and cicatrized (all of which looks more like syphilis); new pustules springing up in the neighborhood; herpes with burning when touched; dry, raised, burning, itching herpes on the lower and upper limbs, wrist-joints, hands and between the fingers; herpes surrounded by a border of large scabs, on the forearm and knee, discharging a good deal of moisture; impetiginous herpes on the abdomen, thighs and knees.

Phosphorus. Itching, large vesicles over the whole body, also on the face; round herpetic spots over the whole body.

Ranunculus sceler. Vesicles upon the skin, emitting a thin, acrid, yellowish ichor.

Rhus tox. Small burning vesicles, with redness of the skin on the whole body except on the hairy scalp, the palms of the hands and soles of feet; burning itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes (arms and loins), with swelling of the parts, and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days; confluent vesicles, most of them

containing a milky or watery fluid, with peeling off of the skin in three days; pustules on the hands and forearms, which burst and emit a clear moisture; herpetic eruptions, alternating with pains in the chest and dysenteric stools.

Silicea. Eruption over the whole body, resembling varicella, accompanied, preceded, and followed by violent itching.

Sulphur. A scaly herpetic eruption which has been repelled by external means, appears again, itching violently and burning after scratching.

The medicines most useful in Herpes zoster are *Rhus tox.*, *Graphit.*, *Mercur.* and *Pulsat.* *Rhus tox.* is generally sufficient in itself to effect a cure, and even, we believe, to prevent the appearance of the eruption by curing the state of the nerves which may be regarded as the incipient stage of the disease. Nor do we believe that the severe neuralgic pain, which so frequently follows this affection, will often occur in cases treated by Rhus tox. from the beginning of the attack. When Rhus tox. is not sufficient to accomplish the cure, and when there is much burning, insupportable pain, *Graphit.* is of great value; *Mercur.* is recommended if there be much itching and a great tendency to suppuration. *Pulsat.* after or alternately with Mercur. when there is severe lancinating pain.

If there remain neuralgic pains after the disappearance of the eruption, *Zincum met.* may be given; but if the cure is not speedily affected, it will require great patience and strict individualization, and even then success is not always certain. (Rhus tox. and Graphit. are, in our experience, the chief remedies, and we have hardly ever failed to make a perfect cure with them. The neuralgic pains remaining after the removal of the zona may and often do require different remedies. Thus, for instance, we cured a case of facial neuralgia, coming to us at second hand after an attack of zoster, with *Kalmia latifolia.*)

Raue (*Pathology*, 611) mentions, among other remedies, *Croton tig.* for itching and painful burning and redness of the skin; formation of vesicles and pustules; dessiccation of the pustules and desquamation and falling off of the pustules.

Euphorbium. Violent burning in the face; red inflammatory swelling of the cheeks, with boring, gnawing and digging from the gums to the ears, and itching and tingling in the cheeks. The cheeks are covered with a number of yellowish vesicles which burst and then emit a yellowish humor.

Daphne mezereum. Obstinate itching over the whole body for several days. Hot dartings in various parts of the body. The pains are felt on one side only. Red itching rash on the arm, head and the whole body, rough and in clusters.

Hale (*New Remedies*) mentions *Cistus*, *Cosmoline*, *Comocladia*, *Phytolacca*, *Rhus ven.* and *Sempervivum;* but we fail to see the similitude in Cistus, Phytol. and Sempervivum, which are more indicated in cases of constitutional herpes (the *constitution dartreuse* of the French).

Comocladia has the following symptoms: Violent itching, redness and swelling of the face, hands and other parts of the body, followed by yellow vesication and desquammation of the cuticle. *Cosmoline* will be valuable as topical application, as it removes the stinging, burning and itching.

e. *Herpes impetiginiformis.* Hebra has seen but five cases of this rare eruption. They all appeared in women at full term, except in one case, which took place during the course of pregnancy. The first four terminated fatally. They all resembled one another in beginning in the region of the genitals, in their general diffusion over the body in the later stage and in the herpetic character (groups of vesicles on the same inflamed base) which they presented. They were all accompanied by fever and rigors. The

disease might be called herpes impetiginiformis from the appearance of the crusts. There was no restriction to the course of certain nerves as in an ordinary zoster. This appears to be a very dangerous disease. (Fox, 204.)

The *treatment* was mainly expectant, with nourishing diet. For the pyæmic symptoms the patient who recovered took quinine, and a lotion, composed of six grains of the perchloride of mercury and one part of limewater, was applied to the genitals; as the pain prevented sleeping the woman took half-drachm doses of Chloral hydrate at night. After delivery she rapidly recovered.

General Indications for Remedies Useful in the Treatment of Herpes.

(From the Lectures of Professor A. R. Morgan.)

Apis.—Burning and *stinging* pains, with excessive swelling. Vesicles large and sometimes confluent. Eruption which comes out on the lips in cold weather. Cold sores (Natr. mur. and Rhus tox.). They come on and sometimes ulcerate, with great burning and *stinging* pain. *Aggravation.* From warmth (Reverse, Arsen.). *Amelioration.* From cold applications of any kind (Reverse, Arsen.).

Arsenicum.—Confluent herpetic eruptions, with intense *burning* of the blisters. Decided aggravation after midnight; cannot sleep after midnight. Chronic dry skin (Staphis.). Nausea and marked prostration, aggravated by taking nourishment. Lassitude and weakness. In Herpes iris, when the eruption gets bloody and dark colored. *Aggravation.* From cold of any kind (Reverse, Apis). *Amelioration.* From warmth (Reverse, Apis).

Borax.—Children inclined to aphthæ, which bleed very easily and profusely. The secretions of the body are excoriating. Women inclined to aphthous difficulties. *Characteristic.* Sensations aggravated by *going downward* (Calc. carb.).

Calcarea carb.—Lymphatic temperaments. Burning herpes. Chapped furfuraceous eruptions; unhealthy skin, which ulcerates *easily*. Painful swelling of glands. Obstinate, self-willed children who incline to grow fat. *Aggravation.* In open air and from water. *Amelioration.* In a warm room.

Cantharis.—Large, burning, painful blisters upon an erysipelatous base—burning when touched; eruptions more on the right side; smarting and stinging of the skin. *Aggravation. In open air;* from touch.

Causticum.—Itching, burning, moist phagedenic vesicles, especially upon the shoulders and neck. Sore and cracked nipples, surrounded with herpes, with a tendency to ulceration. Stinging and itching of the skin. Herpes preputialis. *Aggravation. In open air;* by scratching. *Amelioration.* From heat.

Clematis erect.—Gnawing sensation in the skin, not relieved by scratching. Scalp herpes with yellowish corrosive ichor. Chronic, red, humid herpes, with *intolerable itching* in the warmth of the bed and after washing. Tendency towards rupture and ulceration of the vesicles. *Aggravation.* When the moon is increasing (eruption red and humid). From heat and washing. *Amelioration.* When the moon is decreasing (eruption dry and pale).

Croton tig.—Vesicular eruptions, with burning, stinging and redness of the skin, and speedy developement of a seropurulent exudation. Feels hidebound (Graphit., Alum., Baryt. carb., etc.). Vesicles, especially on abdomen, confluent and form large brown scabs. One of the best antidotes for poisoning with *Rhus tox.* (Anac.). *Aggravation.* After eating. *Amelioration.* By gentle rubbing, (Thuya. Worse from rubbing, Anac.); after sleep.

Dulcamara.—Herpes, moist suppurating; oozing pale water when scratched; red, with red areola, bleeding when scratched. Herpes zoster after taking cold. Thick crusts all over the body. *Aggravation.* In the evening; in cold

air; during wet weather and when at rest. *Amelioration.* From gentle exercise in a warm room.

Graphites.—Herpes in females with scanty menses. Large blisters from the umbilicus to the dosum of the spine, burning when touched. Occurring especially on the left side. Herpes zoster. *Aggravation.* In doors; from warmth and motion. *Amelioration.* Out of doors.

Hepar sulph.—Particularly indicated after mercurial preparations. Herpes preputialis. Eruption exceedingly sensitive to touch. Little ulcers surrounding the large one. Takes cold easily. Face, hands and prepuce are especially affected. *Aggravation.* At night, and from cold; exceedingly sensitive to cold air. *Amelioration.* From warmth.

Iris versicolor.—Herpes which follow gastric derangement, with bitter taste in the mouth; with nausea and vomiting; pain in the liver. Herpes zoster on the right side of the body, with gastric derangement.

Kali bich.—Herpes after taking cold, with fluent coryza and bronchial irritation. The expectoration is stringy and ropy. (The secretions and excretions all have this same ropy and stringy character.) The coryza at first is thin, but soon changes. The vesicles are large and are filled with a fluid of the same character as the expectoration.

Kali carb.—*Stitches* in the eruption. Eruption moist after scratching. Dry skin with deficient perspiration (Graphit., Alum., etc.). Burning-itching herpes. *Aggravation.* From cold air; from becoming cold. *Amelioration.* In warm air; on getting warm.

Kalmia lat.—Sensation of rigidity of the skin, with a pricking sensation—(*Neuralgia of the fifth pair of nerves of right side of face*). Sensation as if the skin were paralyzed. *Aggravation.* At night.

Kreosotum.—Herpes, watery or seropurulent from the beginning, especially on the backs of hands and fingers

and joints, itching very violently towards evening. Herpes in the palms of the hands, on the ears, elbows, knuckles and malleoli. Seropurulent and furfuraceous eruption. *Aggravation.* In the evening (itching); in the open air. *Amelioration.* From warmth.

Lachesis.—All kinds of herpetic eruptions. Vesicles large, of a yellow color usually. Frequently they are yellow at first and then turn dark, with much pain. Vesicles break and leave an excoriated surface, which burns when touched. Eruptions which occur every spring and fall. Effects especially the left side of the body. *Aggravation.* All symptoms after sleep. From acids (Selen.).

Mercurius.—Herpes burning when touched. Moist vesicles surrounded by dry scales—easily bleeding. Perspires very easily, from the least exertion; no relief from perspiration. Lax fibre. Phagedenic blisters. Herpes preputialis. Zona—especially on the right side or when it extends across the abdomen. *Aggravation.* At night, from the warmth of the bed. *Amelioration.* In the morning.

Mezereum.—Herpes zoster, with severe neuralgic pains. Indicated after the abuse of mercury. The itching on being scratched changes to burning. *Aggravation.* In the evening about 9 o'clock; *by contact and motion. Amelioration.* By exercising in the open air.

Moschus.—Hysterical subjects with tendency to faint; violent sexual excitement with copious urine. *Characteristics.* Redness of right cheek without heat—the left pale and hot; the same with the hands. Chilliness commencing at the head and extending down over the body. Menses too early and profuse. Great sensation of debility felt particularly during rest. Herpes with excessive burning. *Aggravation.* In cold air. *Amelioration.* In warm air.

Natrum carb.—Herpes iris. Sensation of formication. Vesicles with shooting and itching pains. Hypochondria-

cal, with aversion to society. Panaritium. Warts and herpes about the hands. *Aggravation.* In the forenoon. *Amelioration.* By pressing gently the parts, or rubbing them.

Natrum mur.—Herpes which occur during fevers. Herpes labiales. Herpes of bends of elbows and knees. Moist oozing eruptions. *Aggravation.* In the forenoon from 10 to 12.

Petroleum.—Herpes especially on the genitals, moist, oozing and itching. Itching herpes on the perinæum. *Aggravation.* In open air (aversion to open air); when perspiring. *Amelioration.* From warmth and warm air.

Phosphorus.—Herpes in persons inclined to pulmonary difficulties, with burning pain. Vesicles confluent and appear in clusters. Brown colored blisters between the fingers and toes. Dry herpes. *Aggravation.* In the evening, at night, before midnight (exceedingly sensitive to cold air.) *Amelioration. After sleeping.*

Pulsatilla.—Mild subjects, pale, inclined to mucous discharges. Eruption itching and burning. Skin inflamed and swollen. *Aggravation.* In the evening and in a warm room. *Amelioration.* In the open air.

Psorinum.—Herpes after suppressed scabies, moist; intolerable itching when getting warm. Biting and itching, worse when developed after some febrile affection. *Aggravation.* Before midnight and in the open air.

Ranunculus bulb.—Vesicles of a dark blue color, resembling the blisters from a burn. Rheumatic subjects. Burning itching vesicles in clusters. Herpes over the fingers (blue) and palms of hands. Herpes on the whole body. *Aggravation.* In the evening; the pains are excited by touch and motion; after eating.

Ranunculus sceler.—Eruption filled with a thin, acrid, fluid, with sensations similar to those indicating Ranunc. bulb.

Rhus tox.—Pains, stinging and burning after scratching.

Everything tastes bitter. Herpes upon hairy parts—burning and stinging (Apis, Arsen., and Phosphor.). Itching especially on hairy parts. Eruption more annoying after a perspiration; comes on after taking cold or getting wet (Antim. crud.). *Aggravation.* After scratching, perspiring and getting wet or cold. *Amelioration.* From warmth.

Sepia.—Itching. Aggravated by scratching. Indicated especially in females.

Silicia.—Eruption inclined to ulcerate. Sensation of numbness of the extremities; they go to sleep easily. Genitals perspire and the sweat is offensive. Offensive perspiration on feet. Brittle nails. *Aggravation.* From cold. *Amelioration.* From wrapping up warm.

Spongia tost.—Eruption coming on after a cold, with dry croupy cough. Persons with goitre. Appears especially on the face.

Sulphur.—Herpes, with great itching, with burning and soreness after scratching. Herpes appearing about the mouth and nose. Face pale and colorless. The lips are bright-red. Headache with a sensation of a band around the head (Mercur.) Aversion to water and open air. *Aggravation.* After scratching; from washing (Ant. crud., etc.).

Tellurium.—Herpes filled with a watery excoriating fluid, smelling like fish-brine. The vesicles are bluish or purple. Congestion to the head with faint sensation. Copious perspiration all over the affected parts. Ring worms all over the body.

Thuya.—Herpes all over the body, from suppressed gonorrhœa; itching and burning violently. Herpes zoster. *Aggravation.* From cold water; from the heat of the bed; in the evening and at night. *Amelioration.* From gentle rubbing; from warm water.

Zincum met.—Herpes, with violent lancinations. Suppurating herpes. Violent itching. Itching in the bends

of the joints. *Aggravation.* In the evening. *Amelioration.* By touching the parts.

Pemphigus.

Wilson in his "*Lectures on Dermatology*" (p. 123) remarks: If we analyze the pathological character of pemphigus, we shall discover it to be an erythema attended with serous effusion beneath the epidermis, the effused fluid raising the horny layer of the cuticle into a blister or bleb. This effused fluid is at first clear or yellowish, but afterwards becomes cloudy and purulent, while the surrounding skin is either normal in color or reddened. Red lines frequently radiate from the bullæ (lymphatic or capillary vessels). If we remove the epidermis, we at first find the corium exposed; a little later in the disease new epidermis is formed, so that the contents of the bullæ lie between two layers of epidermis. When the blebs are healed, a dark spot remains, more rarely a cicatrix. These blebs are usually grouped in threes or fours and attain the size varying between that of a pea and a hen's egg. The fluid may be quickly reabsorbed or the bullæ simply shrivel, the distended globe becoming fluid, or the blebs burst and the fluid dries into crusts of lamellar aspect, beneath which is very slight ulceration. The bullæ generally occur in successive crops; they develop in the course of a few hours and are usually distinct. The reaction of the fluid is generally alkaline, but with turbidity comes acidity. The local symptoms are, slight itching and smarting at the outset and more or less soreness. The healing process is tardy and in cachectic subjects sloughing may occur. The disease attacks all parts of the body, but rarely the head, the palms of the hands or the soles of the feet. Sometimes the mucous surfaces, as of the intestines, vagina, mouth, etc., are the seat of bullæ in pemphigus.

When pemphigus is generalized, the eruption is seen in

different stages of development on different parts of the body. At one part it is a reddened surface, where the cuticle is beginning to be wrinkled; at another a bleb is formed; at another the cuticle is exfoliating and leaves violet-colored stains or superficial excoriations or ulcerations, either bare or covered with crusts.

Most authors divide Pemphigus into two groups, Acute and Chronic; but Hebra states, that he never met acute pemphigus; for as it is seen in children (pemphigus neonatorum) it should have received other names. Steffen (*Wiener Med. Wochenschrift*, 1866), gives three forms: 1st, Pemphigus occurring in apparently healthy children and ending favorably. 2d, Pemphigus occurring in marasmic children. 3d, Syphilitic Pemphigus. Fox (*Skin Diseases*, 212) divides it in a syphilitic and non-syphilitic form. The former belongs to the congenital syphilitic diseases, and the latter is often the result of blood-poisoning, as from puerperal fever, dysentery, etc.

Steffen's first class is not of a serious character. Blebs appear on the neck or chest, containing a pale fluid; they rapidly increase in size and give rise to excoriations which are soon covered with a yellowish crust. Healing soon takes place and the child recovers. Far different appears the pemphigus in children in whom the eruption is the result of cachexia. Here apparently healthy children are seized with severe constitutional symptoms; the skin is livid, the areolæ of the bullæ are dark, the contents fetid, the ulceration is unhealthy, deep, its surface is dark, blackish and exudes an ichorous matter, the edges being livid, shreddy, so that large circular, depressed, black, gangrenous ulcers, acutely produced, are present, the feet and hands may be affected, and the limbs, the genitals, the abdomen, even the mucous surfaces and head; death occurring about the tenth or twelfth day.

Stokes describes a *Pemphigus gangrenosus* among the ill-fed Irish children, with a purplish base of the bullæ,

sanguinolent contents, ichorous discharge, and a good deal of sloughing and gangrene, the disease being propagated by successive crops for weeks, and the children die worn out by irritative fever and exhaustion.

Why Hebra denies to this infantile eruption the name of pemphigus is an enigma to us, for Wilson (l. c. 130) truly remarks that "Pemphigus (chronic) is a grave and serious affection, an associate of cachexia, always a symptom of a depressed vitality of the organism, and not infrequently the sign of a fatal state of disorder of the economy." The transparency, the bright color and the benignant purulency of the bullæ of pemphigus are always grateful to our eye as being of good omen. But the purplish and purple and leaden-colored tints are less satisfactory. Sometimes the fluid of the bleb may be reddened by the admixture of blood, the result of accidental pressure or friction, but it may be also the consequence of hæmatolysis, which betokens a state of cachexia in a more or less advanced degree.

Chronic Pemphigus is characterized by the great length of time during which new eruptions of bullæ appear, which lower the vitality and finally induce death by exhaustion (Neumann, 191).

Hardy and others describe two varieties of *chronic pemphigus*, namely *pruriginous* and *foliaceous*. In the former affection the skin presents small blebs, the volume of which seldom exceeds that of a pea, containing sometimes serum or pus. The eruption is attended with most distressing itching, so severe as to prevent sleep. Patients scratch furiously and leave the marks of their nails in the form of long excoriations and black points, and the skin turns to a brownish hue by an increased production of pigment.

Pemphigus foliaceus commences on the front of the chest by a single bleb, and then, by the development of others around, spreads over the whole surface, the bullæ being

more or less imperfectly formed; the skin is red in many places, but there is not much infiltration, nor is itching severe. After the bullæ form, large yellowish squamæ are produced, with more or less desquamation; the scales, which may be large, are the remains of imperfectly formed bullæ; they are free at their margin and they are reproduced very rapidly. The bullæ are successive and confluent. Oftentimes the skin exhales an offensive odor. The scales resemble fragments of parchment, and vary in size from three-quarters of an inch to two inches. No part of the body is free from them, and they are so freely produced that they fill the patients bed in a few hours. Under them (Hillier, 147) is found a red surface, slightly ulcerated, from which flows in small quantities a secretion slightly plastic, having a nauseous fetid odor. This is often a fatal form of disease, death being ushered in by the irritation of the mucous surface and dropsy, especially in old people who are weak and out of health.

Diagnosis. One of the most distinctive features of pemphigus is the absence of exudation *into* the cutis, so that there is no elevation except what is caused by the fluid, which detaches the cuticle. From herpes iris it differs in this that that disease passes away without returning, whereas even in acute pemphigus new accessions of bullæ are continually formed. Pemphigus foliaceus closely resembles pityriasis rubra, but the formation of blebs and the copious discharge distinguish the former from the latter.

Prognosis. Single bullæ recurring only after a long interval are never dangerous to the patient. If their number greatly increase and their contents rapidly decompose, lymphangitis is set up in the neighborhood, the patient is weakened, pyæmia ensues, or pneumonia, nephritis or pyelitis and the prognosis becomes unfavorable (Neumann). In all cases the cure is slow and recurrence of the disease frequent. The general condition of the

patient must be our guide, and a cautious opinion should always be given.

Therapeutics. Neumann considers quinine of all internal remedies alone worth mentioning. The local treatment consists in the use of baths, douches, enveloping the body in wet clothes, painting the skin with tar, and tar-baths, covering the skin with various ointments and dusting the surface with starch or semen Lycopodii.—Bazin recommends puncturing of the bullæ, in order to diminish the irritation, and then to treat them as ordinary blisters, and dust them with emollient or slightly astringent powders.—Hebra reports no benefit from internal remedies. With continued baths, *i. e.*, the patient kept under water night and day, he obtained an apparent permanent cure, after respectively one hundred, seventy-six, forty-seven and twenty-six days' immerson.—Fox treats acute pemphigus as a typhoid disease and praises chlorate of potash and quinine with wine in children.—Stokes advises an ointment of scrofularia nodosa in the gangrenous form. In chronic pemphigus plenty of good animal food, a due attention to elimination, with the mineral acids and cod liver oil may improve the state of health. In the pruriginous variety Conium, Aconite, or Quinine internally, with alkaline baths. A very good application to cool and comfort the surface is a mixture of common whiting, glycerine and water, made into a thinnish paste and spread over the surface by means of a brush.

Kafka and Bæhr affirm that we do not possess any simile for pemphigus. The former even considers internal medication unnecessary, and the latter truly remarks that the symptoms of the cochexia indicate the remedy. *Laches.*, *Arsen.*, *Cinchon.*, *Ferrum*, and *Sulphur* may be consulted as constitutional remedies.

Raue considers pemphigus neonatorum a symptom of hereditary or congenital syphilis, and regards anti-syphilitic treatment therefore as necessary. For chronic pem-

phigus he recommends Arsen., Canthar., *Caustic.*, *Cinchon.*, Kreos., *Laches.*, Mercur., Ranunc. bulb., Rhus tox., and Sulphur.

Hughes (*Manual of Therapeutics*, 465) says: Pemphigus, when recent, may be cured by *Rhus tox.*, as I can testify. When chronic, there is such a body of evidence in favor of *Arsen.* being specific, that it would seem loss of time to give any other medicine.

Russel (*Skin Diseases*, 91) gives two important directions in regard to treatment, viz., the patient should be allowed full diet, to impart vigor to the system, as deficiency of vital force seems to be one of the chief predisposing causes of the complaint; and secondly, it is of great consequence to support the blisters, and thus to prevent the premature discharge of their contents, for they possess irritating properties and tend to aggravate and extend the disease if allowed to flow over the skin; besides, too early rupture of the cuticle exposes the raw skin beneath to the injurious effects of friction. Indeed it is better when the blisters do not burst at all, but dry up.

Rayer strongly recommends the use of a perforated patch of rag, spread with simple ointment, to afford support to the margin of the vesicle where it is most likely to give way, and to diminish its elevation above the surrounding skin, so as to lessen the risk of the upper part being rubbed off by the unavoidable friction to which it must be exposed.

Specific remedies may be:

Belladonna.—Watery vesicles (on the palm of the hand and tibia), so painful that he would like to scream.

Causticum.—Large vesicles on the chest and back, with anguish in the chest (orthopnœa), and fever, consisting of chilliness, heat and sweat; large painful blisters on the left side of the chest and back, which burst; these symptoms are accompanied by great feverish heat, sweat and anxiety.

Phosphorus.—Painful hard blisters in various parts, not itching; blisters bursting with moisture.

Rhus tox.—"Confluent vesicles; most of them containing a milky or watery fluid, with peeling off of the skin in three days."

Eggert (*A. J. H. M. M.*, 3, 138) publishes the case of a girl of feeble constitution and phlegmatic temperament, where Lachesis[2c] removed the tonsillitis, but there appeared a pemphigus on the thumb of the left hand and one on the third finger which caused terrible burning pain. The blisters were small, situated upon a highly inflamed base. Lycop.[2c] in water, a teaspoonful every four hours, *in three days well.*

Dr. Small (*U. S. M. & S. J.* VII., 293) cured with *Bryon.*[6] in five days a case of pemphigus from sudden check of perspiration.

We take the two last cases from our journals, but we question the propriety of calling these blisters pemphigus, as we miss the essential constitutional symptoms mentioned by our best dermatologists as characteristic of the eruption. In fact we consider the constitutional symptoms of far more value than the local ones; and it is therefore easily understood why it takes such deeply penetrating remedies, as Arsen., Caustic., Laches., Rhus tox. or venen. to have any influence on the disease.

Rupia.

Rupia is classed with pemphigus under the order bullæ by a few authorities, but Hebra, Neumann, Fox, Wilson and others consider it a syphilitic eruption, and we place it, therefore, under the chapter embracing that class of diseases.

V. PUSTULAR DISEASES OF THE SKIN.

We include under pustular diseases only those in which the *presence of pus is a primary or essential condition*, the particular morbid condition of which we have to recognize and to remedy. Neumann (l. c. 44) defines pustules "as elevations of the epidermis, occasioned by collections of pus beneath it. The collections of pus originate either in the glands of the skin (acne), or on the substance of the corium (furunculus), or on the papillary layer (impetigo), or finally between the mucous and horny layer (small-pox)."

Pustules are of various size. If they are the size of a lentil or over and have elevated edges, and the contents dry to crusts, it is called *impetigo* (psydracion, cold pustule); they are simple vesicles produced on the surface of the skin and deriving their purulent contents from the cells of the rete mucosum, and when they dry and fall off, they leave behind them no mark on the skin, no trace of their previous existence. If they are larger, showing a circular periphery, the purulent contents at the same time being mixed with blood and the crusts thereby of a dark-brown color, it is designated *ecthyma* (phlyzacion, hot pustule). They are always more deeply seated, originating in the walls of a follicle, sinking deeply into the corium and deriving their pus from the connective and other tissues of the substance of the skin. Hence it is slower in its progress, more permanent and more lasting, and when the scab falls off, in a longer or shorter time, it leaves behind it a pit and a cicatrix of lasting endurance.

Impetigo.

Impetigo is a superficial pustulating and non-ulcerating affection, and most authors agree in regarding it as a pustular eczema—an eczema occurring in a pyogenic habit of body and described therefore as eczema impetiginoides and

as impetigo eczematodes. It is true, that variously sized pustules may form during processes of inflammation resulting from injuries, burns, chemical or otherwise, cutaneous poisons, etc., but it cannot be denied that we frequently find impetigo in scrofulous subjects, in whom there is great vulnerability of the skin, so that any little irritation or wound of the skin at once begins to fester. It is always a secondary morbid product, appearing either as a sequel of other cutaneous diseases or accompanying other morbid products. Some authorities justly discard impetigo or classify it with ecthyma, as the treatment is the same. Impetigo as seen in children, and by some considered as an independent disease, can still be only considered as an offshoot of a scrofulous constitution; and *impetigo figurata* (when the pustules are arranged in circular or oval groups), *impetigo sparsa* (where the pustules occur singly without any regular distribution), *impetigo erysipelatodes* (where the surrounding skin shows all the local and constitutional symptoms of erysipelas), *impetigo sycosiformis* (crusta lactea of others), and *impetigo capitis* are sub-divisions insisted upon by some dermatologists, but which may be safely omitted in our nomenclature of skin diseases.

Tilbury Fox (l. c. 224) describes an *impetigo contagiosa* as very frequent in England, and Wilson and Anderson confirm the observation. The disease is seen especially in hospital and dispensary practice amongst children of the lower orders; but it also occurs in those who have all the advantages of social position and good hygiene. Smart pyrexia frequently accompanies the development of the disease. The eruption mostly appears first of all on the face, sometimes on the top or back of the head, in the form of vesicles, which enlarge into flat bullæ if not injured by scratching. Sometimes the hands are first attacked and the disease then extends to other parts of the body. The vesicles are always isolated, and in five or

six days the vesico-pustule reaches the size of a silver quarter of a dollar, unless ruptured. The secretion consists of lymph-like fluid, granular cells and subsequently pus-cells. The scabs are flat, straw-colored, dry and granular looking, and appear as if "stuck on" to the part; if removed, little sores are observed beneath, more or less filled in by gummy-like secretion or a little pellet of aplastic lymph, and when the scabs fall off there is an erythematous base left behind, the hue of which gradually fades away. The disease may spread from spot to spot by direct inoculation from its secretion, in the act of scratching. The mucous membrane of the eye and the nose are sometimes implicated. Many children in a house may be attacked by contagious impetigo at one and the same time, or consecutively. The *disease is not parasitic*, as Kaposi and Piffard assert, and though fungus elements may be detected in the crusts, they are never found in the fluid contained in the vesico-pustule before it bursts. The natural course of the disease is a short and definite one.

Treatment. To destroy the activity of the pus and to alter the condition and action of the surface which secretes it, Fox uses an ointment containing five grains of Ammonio-chloride of Mercury and applies it to the surface beneath the scabs, which are removed by poulticing or fomentation with warm water.

Kafka (*l. c.*, II., 469) advises puncture of the pustules as quickly as possible, in order to evacuate the pus and thus to prevent its injurious consequences to the surrounding tissues. We have to remove the irritation which caused the eruption. For pustular eruptions may be recommended pro re nata: Ant. tart., Hep. sulph., Calc. carb., Merc. sol. and præcip. rubr., Bellad., Jod., Rhus tox., and in obstinate cases, Arsen. and Silic.

Bæhr (*l. c.*, II., 525) recommends, in children, when the face or the scalp is attacked, *Mercur.*, as long as there is redness around the eruption. *Hepar* sometimes cuts the

disease short. When the affection is more chronic, Ant. crud., Lycop., Arsen., Calc. carb., Nitr. ac., Clematis, *Lycop.* and *Staphys.* suit for impetigo of the lower extremities (where, according to Heitzmann, it is frequent and obstinate on account of the frequent motions of the limbs, and gives rise to ulcerations resembling those described as varicose ulcers). Sulphur, according to Hartmann, will only act favorably in impetigo if given in not too small a dose. *Graphit.* shows many characteristic symptoms. *Mur. ac.* in impetigo of old people on the lower extremities, with burning pains. Conium, Carb. veg. and Sepia also deserve to be mentioned.

Teste (*Diseases of Children*, 196) gives *Dulcam.* twice in the forenoon and *Clemat.* once in the evening. *Silic.* will be necessary in the case of lancinating, very intense itching pains, and where there is an abundant suppuration.

Hughes (l. c., 464): *Viola tric.* in recent cases of the simple kind; *Ant. tart.* for impetigo erysipelatodes; *Ant. crud.* and *Kali bich.* for chronic impetigo. He also speaks favorably of Arsen. and Conium.

Hale: *Alnus*: Scrofulous and cutaneous eruptions; diseases of mucous membranes, which arise from or alternate with eruptions of the skin; *Ars. jod.*, *Carb. ac.*, *Carb. sulph.*, *Juglans.* There is, however, still too much generalization in the "*New Remedies*;" we need more characteristics and closer individualization.

Russel (*l. c.*, 126): *Arsen.* Pustular eruptions on the head, the temples and between the eyebrows, causing painful itching as from a sore; eruptions principally about the lips and nose; pustules on various parts of the body, which cause burning pain and great anxiety.

Calc. carb. Eruptions on the hairy scalp, with glandular swellings of the neck. Scrofulosis.

Cic. vir. Extensive suppurating eruptions on the hairy scalp or in the face, with yellow scurfs and burning pains.

Graphit. Humid eruption at the top of the head, painful to the touch; small pustules on the chin and chest.

Hepar sulph. Humid scald head.

Kali bich. During the first week a profuse yellow scabby eruption over the upper lip.

Mercur. Humid eruption on the hairy scalp, eating away the hair, with painful pressure, especially at the sore places; pustules on the upper and lower limbs, the tips of which are filled with pus, and itch; impetigo on the abdomen, thighs and knees.

Nitr. ac. Scurfy, humid, itchy eruption on the hairy scalp.

Rhus tox. Burning, itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, arms and loins, with swelling of the parts, and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration, with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days.

Sepia. Small itching pustules on the occiput towards the nape of the neck, forming into ulcers the size of an inch, with rough crusts, under which the secretion continues for a long time.

Staphis. A number of itchy scabs on the hairy scalp; humid scabs with bad smell.

Sulphur. Pustules, containing thick pus; forming yellow crusts and itching; crusta lactea.

E. Blake (*B. J. of H.*, XXV., 119) gives the following indications:—Itching pustules, *Croton tigl.*; burning itching, *Kali bich.* *Antimony* is the pustular remedy par excellence. Impetigo capitis is best treated by *Conium*; or where there are glandular complications by *Dulcam.* Impetigo faciei, *Dulcam.* Strumous impetigo, *Hepar.*

G. W. Richards cured a case of impetigo figurata with *Viola tric.*, a dose four times a day. Strumous constitu-

tion, pustular eruption on whole upper lip and chin; a thick, yellow, friable semi-transparent incrustation covered the part. (*H. W.*, VII., 260.)

General Indications for Remedies Useful in the Treatment of Impetigo.

(From the Lectures of Professor A. R. Morgan.)

Antimonium crud.—Eruption forming thick heavy yellow crusts, with burning; crusts granular, like honey; eruption about the face. *Aggravation.* From bathing the parts. *Amelioration.* In the open air.

Antimonium tart.—Pustules with red areola. Nausea; gastric derangement. (See Ecthyma.)

Arsenicum.—Black pustules filled with black blood and pus of a fetid smell. A painful sensation on scalp and face as from cutaneous ulceration. *Aggravation.* From cold and touch. *Amelioration.* From warmth.

Baryta carb.—Especially old people. Thick crusts behind the ears. Shy persons. Fat, dumpy children, with swollen lymphatics. Sore throat, with swelling of the tonsils after the least cold. *Aggravation.* At night and when thinking of the disease. *Amelioration.* When walking in the open air.

Calcarea carb.—Especially during dentition. Dry crusts; sweat on forehead particularly in the evening. Sensitiveness of the roots of the hair.

Cicuta vir.—Impetigo sparsa. Eruption on chin and lower part of face, forming thick yellow crusts. *Honey-like* crusts, which fall off and leave a bright red smooth surface; painful eruption on the scalp—non-inflammatory eruption. The eruption on the head and behind the ears burns and itches.

Clematis erecta.—Especially after abuse of mercury—in psoric constitutions. Pimples on forehead, root of nose and sides of nose. Pustular eruption about the lips, tender to touch. Large pustules about the loins. Eruption

changes its character during the changes of the moon. *Aggravation.* By the heat of bed, washing, and from 3 to 5 A.M. Feels exhausted on waking.

Conium mac.—Sero-purulent eruption in aged people—old maids with hypochondriacal humor. Vertigo when turning over in bed, looking up, etc. Old men, weak and feeble. Scrofulosis, with engorgement of the lymphatics. Sero-purulent eruption especially on the mons veneris.

Croton tig.—Pustular eruption upon an inflamed base, with itching and stinging pain. Eruption upon the septum of the nose, plugging the nostril. Eruption on belly. Pustular eruption on nipple. Sore nipples of nursing women.

Graphites.—Scabby eruption with excessive oozing. Eruption around mouth and nose, in the whiskers. The hair falls out. Corrosive blisters about the extremities, toes and fingers. Dry skin, very sensitive to cold. Cold hands and feet in females with scanty menses.

Hepar sulph.—Characteristics. Eruption after abuse of mercury. Sensitive to touch; tendency towards ulceration. Humid scabs and pustules upon the head, oozing a substance with fetid smell; swollen cervical glands. Cracks behind the ears—hands cracked and dry.

Kali bich.—Dry eruption. Pustules which go away without bursting.

Iris vers.—Impetigo capitis with gastric complaints,—nausea and vomiting.

Kreosotum.—Pustular eruption, without pain, all over the body, especially on chin and cheeks. Sticking pains especially in points. Sad and weeping. *Aggravation.* In open air. *Amelioration.* In warm room.

Lycopodium—After abuse of mercury. Itching and suppurating eruption on head and face, full of deep cracks. Abundant and fetid discharge. Fetid and moist scabs behind the ears. Humid tinea capitis.

Mercurius.—Swelling and suppuration of glands. Gas-

tric derangement; moist scabs with excoriation of the scalp and destruction of the hair. Yellowish scabs on face, with discharge of fetid humor. Yellowish scabs especially around the mouth.

Nitric acid.—After abuse of mercury. Eruption on head; pricking on being touched. Pustular eruption on face, with large red margin and heavy scabs.

Rhus tox.—Small pustules on black base. Greenish pus with violent itching at night. Humid eruption with thick scabs on face and head, destroying the hair, with fetid smell. Eruption on nose, extending to face.

Silicia.—Eruption resembling varicella. Violent itching of the scalp; moist scald head. Growing pains. *Aggravation.* From cold. *Amelioration.* From warmth.

Sulphur.—Dry, thick, yellow scabs on scalp, attended with profuse discharge. Great itching relieved by scratching. Purulent eruption on elbows.

Thuya.—Eruption all over the body; itching and shooting especially at night. Pustular eruption about the knees. *Amelioration.* From gentle rubbing.

Viola tricol.—Pustules and scabs upon face, with burning and itching, and discharging a fetid pus; sensation as of tension of the integument of the face. The urine smells like the urine of cats. *Aggravation.* At night.

Ecthyma.

Ecthyma is the true pustule of the skin, and is variously modified by the constitution and age of the patient. It is essentially a disease of debility, of a low state of tone of the system, and consists of isolated phlyzacious pustules—viz., those which are "large, raised on a hard base, of a vivid red color, and succeeded by thick, hard, dark-colored scabs, beneath which there is ulceration." The shoulders, buttocks, and limbs are the parts usually attacked. The seat of the disease appears to be the upper-

most layer of the derma, not unlikely about the glands of the skin. The depth of surface involved is less than in furuncle, and there is no core. The tendency to ulceration and sloughing, the lividity of the inflammatory areola, the disturbance of the general system, all point to a cachectic condition. Hebra, Neumann, Kafka and others consider them as abscesses in cachectic persons and surgery as the remedy.

The primary exciting cause is, emphatically, scratching, the secondary or predisposing causes, such as lead to debility and an impoverished state of the blood.

The anatomical seat of ecthyma is said by Simon to be between the cutis and cuticle, and not in an enlarged follicle. The central depression may be due to an early drying up of the cuticle at the point where the formation of the pustule begins, and so firm a union of it with the cutis that the cuticle and cutis cannot be separated at this spot by the accumulated pus. In these cases the epidermis near the central depression has usually a brownish or yellow color.

Acute ecthyma commences with slight fever and occasionally sore throat; locally there is at first a sense of heat and burning, and then the pustule runs its course through the different stages. The disease may be protracted by successive crops of pustules or it may relapse into a chronic state. When, as is more commonly the case, its outbreak and course are tediously prolonged for weeks and even months, it is called *ecthyma chronicum.* A form of the eruption met with in ill-fed and ill-treated children, has been designated *ecthyma infantilis.* The divisions into ecthyma luridum, cachecticum, gangrenosum, may be striken out as of no practical value whatever.

The prognosis is to be made according to the general condition of the patient. The ecthyma of itself is of little importance, save when it is accompanied by sloughing, as in old people.

Treatment. In our treatment we must recollect that ecthyma is a cachectic disease, and we must endeavor to regulate digestion and elimination, and at the same time or immediately after do all in our power to restore the healthy tone and vigor of the organism.

Locally Wilson recommends lotions of lime-water and oxide of zinc, or the benzoated ointment of zinc. Where ulceration is established, the unguentum resinæ will be required, or solutions of carbolic acid, nitrate of silver or chloride of zinc.

Fox remarks, that no two cases of ecthyma are exactly alike, and the special knowledge of the physician is often needed to detect some flaw in the performance of the organic function, which mainly determines the occurrence of the disease.

Bæhr (II., 527): Ecthyma for itself, as long as there are no malignant manifestations, needs no medical treatment. Our best remedy for pustular diseases is Ant. tart., as long as the disease does not take on a chronic state, and is far preferable to Mercur. *Arsen.*, *Staphis.* and perhaps *Lycop.* may be thought of on account of the successive crops. Our aim must be to treat the constitutional ailment, as the eruption is only a solitary symptom, without neglecting to take good care of the skin.

Russel (128) mentions: *Arsen.* Pulse 110; white pustules, some isolated, the greater part confluent, on the forehead, round the eyes, cheeks, arms, shoulders and upper part of the chest; they terminate in thick crusts and leave well-marked scars.

Kali bich. Eruption of red round spots on the back, arms and abdomen; the spots form pustules the size of a pea, covered with a scab, which came off in a few days and left a small dry ulcer, which healed up in about a fortnight, leaving a colorless depressed cicatrix.

Mercur. Suppurating pustules, which either run into one another, discharging an acid humor, or which remain

sore, become hollow and afterwards raised and cicatrized; new pustules spring up in the neighborhood.

Tart. emet. Large, round, full, burning pustules, with red areolæ, forming in two days and leaving deep scars; pustulous eruption, the pustules filling with pus, drying up in a few days, and sometimes leaving deeply penetrating malignant ulcers.

General Indications for Remedies Useful in the Treatment of Ecthyma.

(From the Lectures of Professor A. R. Morgan.)

Antimonium crud.—Yellowish or brownish scabs on the face; apt to occur on fat people; bitter taste in the mouth. Longing for acids; loss of appetite; nausea. *Characteristic.* The air which he inhales feels cold to the nose. *Aggravation.* From bathing the part. *Amelioration.* From open air.

Antimonium tart.—Pustules with red areola, which leave large scars behind. Crusts brown. Eruption very painful. Decided drowsiness, with nausea; longing for acids, with aversion to milk. The eructation tastes like sulphur. Severe colic pains; short breathing and rattling respiration. Don't like to be touched. *Aggravation.* In the evening and by sitting or standing and by bending forward *Amelioration.* In the open cold air.

Arsenicum.—Red pustules with intense burning. Severe ulceration; painful black pustules, gnawing, burning and itching. Black eruption on the scalp. *Aggravation.* From cold. *Amelioration.* From warmth.

Belladonna.—Pustules surrounded by a whitish areola, with an erysipelatous inflammation of the skin; burning and itching with great sensibility to touch. *Aggravation.* From touching the parts ever so softly.

Cicuta vir.—Burning suppurating eruption occurring about the face, with yellowish crusts.

Croton tig.—Pustules confluent, oozing, and forming greyish brown crusts especially on the abdomen. Burning all over the surface of the body. *Aggravation.* After stool and after eating and drinking. *Amelioration.* After sleep.

Kali bich.—Pustules all over the body—in the early stage having a small brown scab on the summit. Pustules at the roots of nails, spreading over the hand. Pustules resembling small-pox, with a hair in the middle; comes on especially in summer; in light haired persons. *Characteristic.* Sensation as of a hair at the root of tongue, which is not relieved by swallowing or eating. *Aggravation.* During summer. *Amelioration.* From heat.

Krcosotum.—Large fat greasy pustules, with violent itching towards evening. Sensation in the skin as if from ulceration. Ulceration on face and chin. *Aggravation.* During repose.

Nitric acid.—When touching the pustules they feel as if a splinter was sticking in them.

Mercurius.—Pustules bleed easily—painful to touch.

Petroleum.—Itching and burning pustules, with great weakness on exertion; great lassitude. *Aggravation.* From exposure to open air. *Amelioration.* From warmth and warm air.

Pulsatilla.—Eruption better in open air and worse in a warm room.

Rhus tox.—Pustules upon a red base; black pustules, forming hard scabs, with burning and itching. *Aggravation.* In cold weather.

Secale corn.—In scrawny people with rough skin, especially females; black pustules with tendency towards gangrene. *Aggravation.* In warmth. *Amelioration.* In cold.

Silicia.—All over the body—and especially on the back part of the head—sensitive to contact. Burning and soreness after scratching. *Characteristic.* Aversion to warm food. *Aggravation.* In cold. *Amelioration.* From warmth.

Sulphur.—Dry thick yellowish scabs all over the body, especially on the scalp, always attended with great itching, painful to touch. Stooping figure; dry skin. Aversion to washing. *Aggravation.* From washing, from touch, and on getting warm in bed. *Amelioration.* From warmth.

Thuya.—Suppurating pustules, especially on lower extremeties. *Aggravation.* From touch. *Amelioration.* From gentle rubbing.

Furunculous Affections.

Wilson (*l. c.*, 145) puts furunculous affections, impetigo and ecthyma under one head. Neumann devotes a special chapter to them under the title of phlegmonous inflammation. Fox follows Wilson. Hillier agrees with Neumann, but calls them gangrenous inflammation; and thus ad infinitum. It is certain that they are far more than a mere pustule, if its definition: "an elevation of skin produced by a collection of pus," be correct. Wilson shows that their principal morbid characters, are a deeper implantation within the skin, a more advanced development in the nature of the inflammatory product, and, beyond the pyogenesis, a tendency to gangrene and sometimes to ulceration. They differ from impetigo and ecthyma in being deeper, and by their pustules containing in the centre a dead piece of tissue which is called the *core.* When the *boil* contains several cores and the cellular tissue is much involved and more or less sloughy, then a *carbuncle* exists.

There are two kinds of furuncles, follicular furuncle and cellular tissue furuncle.

A follicular boil is a circumscribed inflammatory infiltration, having its origin in a hair-follicle or sebaceous gland, which is distinguished by its hard consistence, deep redness and slow suppurative destruction. The first symptom is a sensation of tension, even before the skin is reddened; but even at this time an infiltration can be

appreciated by delicate touch. This plug irritates the neighboring tissue; inflammation and suppuration take place around the core, which becomes loosened and is finally cast off. The arteries and veins in and around the core are filled with coagulated blood.

Boils of the cellular tissue are hard, diffuse infiltrations of the corium, which become gangrenous in large portions and destroy the subcutaneous cellular tissue to a considerable depth. They frequently become confluent, and great portions of the skin slough, so that even the muscular tissue may be exposed.

The causes of furuncles may be for the greater part local, but we find in most cases *constitutional irregularities* as the predisposing cause. It is yet a question whether high living and dyspepsia are alone so much to blame, since we find them as frequently in persons forced to breathe continually an impure air, in close rooms with imperfect ventilation. Boils may appear in any part of the cellular tissue, but the neck, hips and buttocks are frequently the seat of the disease, and there are cases of successive crops of boils, so that the disease often lasts a considerable time. Furunculous ecthymata are often found in association with furuncles, thus establishing a relationship between them.

Hordeolum or *Stye* is a little boil commonly met with on the eyelid.

Anthrax—Carbuncle. Anthrax is distinguished from furuncle by the deep gangrenous destruction of the skin, embracing both the corium and the subcutaneous tissue, whose necrosed masses, together with the scantily formed pus, are discharged through several sieve-like openings, corresponding to the numerous necrosed cores. The surrounding parts are reddened, hard to the touch from plastic infiltration and the vessels are plugged up. The formation of anthrax is attended with severe tension and pain, which is the more severe in proportion as the

part affected is more or less rich in nerves and sensitive. There is fever during its whole course, and if the process is not stopped, chills and pyæmic symptoms may appear. The healing process is often indolent, the parts remaining indolent, dusky, shreddy and also sloughy. The patient, if the attack is severe, gets into a very depressed state. The usual place of carbuncle is the back, from the nape of the neck to the pelvis, though any part of the body may be attacked. Dangerous symptoms may appear in anthrax and furuncle of the face, forehead or nape of the neck, by being readily complicated by phlebitis. This phlebitis of the face is fatal by the propagation to the sinus of the dura mater, or by becoming a source of purulent infection. Carbuncles are common in advanced life, although they are found at any period and in any condition of life.

Fox (*l. c.*, 235) sums up the following conditions under which boils or carbuncles appear: 1. During seasonal changes in spring and summer. 2. From eating diseased meat (frozen). 3. When any special alteration is made in the ordinary habits and economy of the body, as in the training of prize-fighters. 4. From the influence of cadaveric poisons. 5. From sudden changes of diet. 6. After fatigue of long duration. 7. During convalescence from debilitating diseases. 8. As a consequence of the action of septic poisons, as in fevers, etc. 9. In albuminuria. 10. In the diabetic habit. 11. During adolescence, and in the first stage of manhood. In most of these cases there are debility and an overloaded state of the system; for example the circulation of urea, of sugar, of septic poison or of effete matter, which is plentiful during convalescence; and it only needs the action of some local irritant to determine the developement of furunculi in the parts to which that irritant is applied.

Treatment. Brewer's yeast has the reputation of being decidedly beneficial in boils. It may be given between

meals, a tablespoonful three times a day. Quinine in large doses, so as to cause decided head-symptoms, finds favor also with some practitioners. Hardy recommends the aqua picea. Neumann, free exercise in the open air and regulation of the diet to check the disposition to furunculosis in those who suffer continually from boils in consequence of too close confinement. Locally the best treatment is to open the furuncle with the knife as soon as possible. To diminish the pain during the operation, a freezing mixture may be applied before opening it, followed by cold water dressings. This treatment is also applicable to anthrax, with the difference that in this several cross-cuts must be made. Ether or rhigolene spray may take the place of the freezing mixture. Some surgeons prefer subcutaneous incisions.

Fox justly remarks, that the internal treatment varies according to the state of the patient. In the slighter forms or at the beginning, the abortive treatment of pressure might be tried, by means of soap-plaster; but in the vast majority of cases boils run on to suppuration, and the rapid evulsion of the core should be encouraged. Poulticing should be confined as much as possible to the exact seat of the local inflammation, as from the neglect of this precaution fresh boils spring up around the old one. To hasten the maturation and exit of the core, potassa fusa or acid nitrate of mercury must be applied around the indicated locality. The same treatment holds good for carbuncles, but if pressure fails and there are serious tension and pain, the swelling must be incised. The incision should be subcutaneous, crucial or single, as the case may be.

Helmuth (*Surgery*, 469) teaches that patients are cured as speedily and more radically by homœopathic remedies, and we, therefore, refer our readers to that excellent compendium for the treatment of furuncles and carbuncles.

Kallenbach introduced into our materia medica *Calca-*

rea muriatica, internally as well as externally. We commonly put an ounce of the salt into a quart bottle of water, and find this solution strong enough for maturation and expulsion of the necrotic tissue. *Arsen.*, *Bellad.* and *Silic.* are the remedies which we find most frequently indicated.

Gilchrist (*Treatment of Surgical Diseases*, 379) recommends for boils: Acon., Arnic., Bellad., Hepar, Mercur., Sulphur; and for carbuncles: Arnic., Arsen., Bellad., (Calendul.), Laches., Mercur., Sulphur. For particulars we refer to the work.

An exhaustive article on boils may be found in the *Hahnemannian Monthly*, Vol. VII., 510 and VIII., 70, where the remedies for the location of boils is strictly individualized; ending with the remark of Hughes and Madden, that a boil in the stage of inflammatory engorgement, before matter is formed, may almost always be blighted by repeated doses of the first dilution of Belladonna, and even later still its progress may be arrested by Silicia, and if they recur again and again, the constitutional tendency may, with equal frequency, be checked by a course of *Sulphur*.

Jahr (*Clinical Guide*, 39) recommends for anthrax, when caused by *infection:* Arsen. or Lachesis, unless China, Rhus tox., Silic. or Pulsat. should be indicated. The common anthrax requires Silic. or perhaps Cepa, Hyosc., Lycop. or Nitr. ac. Sometimes Arnic. is given with good effect at the beginning, after which Nux vom. completes the cure. *Lachesis*, dark redness around the sore and dark bloody pus; *Apis*, stitching burning pains; *Arsen.*, burning pains, as from live coals; *Stramon.*, pains so severe, that he becomes nearly distracted; *Lycop.*, warm poultices aggravate all the pains; *Anthrac.*, violent burning pains, not relieved by Arsen., cerebral symptoms, absorption of pus by the blood, gangrenous destruction.

Kafka (*l. c.*, II., 419) considers *cold* as the most effectual

means to check the dermatitis and to prevent its spread. Ice bags, or ice mixed with salt, applied to the inflamed part and frequently changed, often reduce the inflammation to the minimum, assuage the pain and shorten the course. In favorable cases the patient gets well without the formation of abscesses or necrosis of the connective tissue, or instead of the latter only a benign suppuration appears. Ice bags applied early and energetically over a carbuncle may entirely prevent all destructive process; but such applications are only indicated so long as the patient finds them soothing and beneficial. As soon as cold increases the pain, we must change from cold to warm fomentations.

Where, in spite of the application of cold, the pains, the heat and the tension are very intense in the inflamed cutis, we give *Acon.* for the simultaneous sthenic fever; *Apis* or *Bellad.* for cerebral congestions; *Merc. sol.* in afebrile states, with restlessness at night and sleeplessness; *Hepar* for hammering pains and horripilations, hinting at the formation of pus; *Nux vom.* or *Bryon.* for simultaneous gastric states. As soon as fluctuation is clear, the opening of the abscess should be early performed, as, where the pus remains too long inclosed, the patient may become cachectic, or it may lead to furunculosis. In anthrax also early surgical interference may be recommended. The more profuse the suppuration, the more a nourishing diet is indicated. If adynamia sets in, with necrotic destruction of the carbuncle, *Rhus tox.*, *Arsen.*, *Lachesis* or *Secale* have often stopped the gangrene and brought strength to the sunken vital powers. Where the strength rapidly fails, *Camphor.*, *Kreosot.*, *Sabina*, *Carb. veg.* are indicated. Against *furunculosis* we give *Phosphor.* with benefit, and *Nitr. ac.* or *Rhus tox.* when cold water treatment is the cause of it.

Bæhr (*l. c.*, II., 531) is totally opposed to all surgical interference, and especially to early incisions, and begs all

surgeons to try the cure of furuncles and carbuncles by internal medication alone. He recommends *Arsen.* from the start, and *Secale* as soon as cerebral symptoms set in, or *Phosph.* *Silicia* can only be indicated when suppuration is fully established. Soulé expresses himself also as against the treatment with the knife, and in favor of the expectant treatment, with emollient poultices. But a large anthrax he first destroys with the Vienna paste and opens on the following day, and then treats with the tincture of Iodine.

Malignant Pustule—Pustula Maligna.

This disease is characterized by a boil-like inflammation, accompanied by gangrenous changes, and produced by the contact of a certain animal poison derived from beasts affected with a disease called charbon. It occurs in those who touch the dead carcasses of "charbon" animals, or work with the hides and secretions of such diseased animals, or who are in constant contact with beasts, or are stung by flies that have feasted on the former. It is even said that the disease may be caught by eating the flesh of such diseased animals.

It commences as a papule of a livid color, and at the earliest stage the tissues around can be felt to be indurated to a considerable extent and depth, and distinctly creak on being incised. In from seven hours to two days the papule becomes like the vaccine pustule, only livid or black, and an erysipelatous redness extends around it, spreading oftentimes with great rapidity. The pustule and the swelling around steadily increase. The cuticle is then raised by effusion, and blebbed, and sloughing ensues. The pain is burning, but only in exceptional cases severe. The constitutional symptoms bear an exact proportion to the extent of the local mischief; the breath is offensive, the tongue moist and coated, the pulse quick and strong, becoming small and frequent, the skin is relaxed and clammy. The patients either die in coma, or, in

favorable cases, the disc of dead tissue in the centre sloughs, leaving a healthy, granulating surface behind. The disease is always the result of *direct local inoculation.*

The treatment consists in fully destroying at the earliest possible moment the eschar or vesicating part by potassa fusa, subsequently incising, applying charcoal poultices, with chlorinated soda washes, and internally, after a cathartic, free doses of tincture of steel, carbonate of ammonia, brandy and generous diet. (Fox, *l. c.*, 239.)

Helmuth (*Surgery*, 380) agrees as to the local treatment, but instead of a general internal treatment, states that the livid color of the pustule and the typhoid symptoms clearly point to another animal poison, *Lachesis*, as the simillimum. Dr. Carroll Dunham cured a case with Lachesis and stimulants (a bottle of Dublin porter every two hours, until the pulse revived and the restlessness subsided), and in his own case (*Am. Hom. Review*, IV. 31) it acted equally well. This distinguished physician, while assisting in the autopsy of a woman who had died of puerperal peritonitis, received a dissecting wound on the index finger of the left hand. Within a week the finger had quadrupled in size; the hand and forearm were much swollen and œdematous, a hard, red line extended from the wrist to the axilla, where the glands were swollen; intense pain; the whole left side was partially paralyzed. The constitutional symptoms were, extreme prostration, low muttering delirium at night, marked aggravation of suffering and prostration on awaking from sleep. Lachesis 12th was taken on the third day of the illness, and a dose thrice daily for five days, at the end of which period the constitutional symptoms had substantially vanished. The recovery of the finger was slow but complete.

Should we, in cases of malignant pustule, follow Baehr's advice, and rely entirely upon internal medication? Some cases may slowly recover under mere internal treatment, but certainly surgical interference ought not to be

made a bugbear of, and it is our duty to use every means giving any chance of alleviating the sufferings of our patients.

Neither Arsenicum nor Arum triphyllum correspond fully to malignant pustule, although each has adynamia among its symptoms. The restlessness of Arsenic, the dry tongue and involuntary diarrhœa, and the unconsciousness are secondary symptoms, and in *neglected cases* it may become the remedy for these consecutive symptoms of putrid infection. Nelaton recommends the application of walnut leaves on the malignant pustule. (*N. A. J. of H.* XVI. 175.)

Pustula Aleppensis, Bouton d'Alep.

This is a chronic inflammatory infiltration of the skin, affecting the outer corners of the eyes, the under eyelids, the cheeks, the point of the nose, the lips, and especially the lower extremities; principally attacking strangers who have moved to the East. It appears endemically. The natives are attacked mostly from the first to the seventh year of life; foreigners may have it at any age. The disease occurs but once in a lifetime. It begins as a small red spot, which is gradually developed into an indurated swelling. The edges of the ulcer are thick and infiltrated; the granulations are foul. After lasting from eleven to fourteen months, the ulcers become clean and a scar is formed.

A similar malignant pustule is known under the names "the Delhi boil, the Scinde boil," and so on. Dr. Fleming (*English Army Medical Report*, 1869,) has seen much of these diseases, and states that we should, as soon as the disease is recognized in the form of a small reddish-brown growth on the skin, apply strong nitric acid or potassa fusa over the surface. All these ulcers propagate themselves in various ways amongst individuals and bodies of men, principally, if not entirely, by their discharge, which is most contagious when a thick gummy-like exudation

appears at the upper part of a sore or from a scab, just previous to the commencement of ulceration.

Hæmorrhagiæ of the Cutis.

Purpura.

Purpura is an erythema (erythema porphyricum) associated with the escape of blood from the capillary vessels, so as to produce a purple spot in the skin. The spot may be a mere speck or *stigma;* it may have the appearance of a flea-bite or *petechia*, that is, a central point surrounded by a halo of a brighter tint; it may occur in stripes or wheels, *vibices;* or it may present itself as a diffused blotch, or *ecchymosis.* The color of purpura will vary with its age, ranging from bright crimson to purple-black, and its figure and extent with the degree of vital resistance of the tissues. When mild, it is called *purpura simplex;* when severe *purpura hæmorrhagica*, in which the hemorrhage may also come from any or all of the mucous surfaces. These spots never fade on pressure, are especially apt to appear on the lower extremities, and are most marked about the thighs and buttocks. They may be single or aggregated into patches, and appear fresh every day or at short intervals. Diet fails to influence the progress of the eruption, whereas in purpura from scurvy, fresh vegetable food will immediately check the disease.

Hæmatomata, blood cysts, when the blood collects in the form of a distinct tumor, arise when blood vessels are actually ruptured and so permit the escape of blood. It is an injury, not a disease, and belongs to surgery.

Secondary forms of cutaneous hemorrhages occur in connection with different zymotic diseases, as typhus, variola, etc., and are an ominous symptom of the disease, but not a cutaneous disorder.

Hæmatidrosis or blood sweating will be treated among the disorders of the sudoriparous glands.

Treatment. Turpentine, perchloride of iron and quinine are recommended.

Kafka (*l. c.* II., 479) recommends *Lachesis*, *Rhus tox.* or *Arsen.* for simple purpura. *Secale* or *Ergotin* also deserve our consideration, having been found useful in internal capillary hemorrhage. Purpura hæmorrhagica needs *Acid sulph.*[1] for some time, or *Ferrum sesquichloratum*, 1 grain to half an ounce of water, and externally 10 grains to half an ounce of water. Tepid baths are only advisable in robust persons. Weakly or debilitated subjects fare better from sponging with diluted vinegar or wine.

Hughes (*Therapeutics*, 48) gives two cases of purpura with asthenic fever, which recovered under *Sulphuric acid* and *Arnica;* but he considers its use rather a relic of old-school traditions than an induction from the law of similars. The petechiæ of purpura are unquestionably so many bruises (ecchymoses), only in this case the extravasation results from morbid change from within, and not from mechanical violence from without. The influence of Arnica is probably not merely local, but dynamic and specific. *Mercurius* also causes ecchymoses or hemorrhages. *Arsenic* is homœopathic to the prostration and the petechiæ. *Phosphorus* is indicated in the non-febrile variety of purpura, as abundant ecchymoses observed in the subjects of poisoning by Phosphorus closely resemble the symptoms of purpura; but they are secondary symptoms, and occur only in connection with the peculiar morbid changes induced by Phosphorus. The anti-hæmorrhagic virtues of *Hamamelis* are so well marked, that it must exercise great power on such morbid conditions.

Raue (*l. c.* 543) gives as therapeutic hints *Phosphor.*, *Ledum*, *Bryon.*, Arnic., Arsen., Laches., Sulph. ac.

Jahr (*Clinical Guide*, 357) praises *Bryonia* highly, and also recommends Arnic., Bellad., Berb., Hyosc., Laches., Ledum, Nux vom., Phosph., Ruta, Secal., Silic., Stramon., Sulph. ac.

Hale (*New Remedies*, 168) mentions *Chloral* and *Hamamelis.*

CHAPTER III.

VI. PIGMENTARY DISEASES.

Maculæ—Melanoderma—Morbus Addisonii—Leucoderma—Chloasma, etc.

Maculæ or stains (discolorations of the skin) are of various kinds. Excluding from this chapter hæmorrhagic stains, as in purpura, and also those that are parasitic or chemical, we shall confine ourselves strictly to pigmentary diseases. They are seated in the deeper layers of the epidermis, the so-called rete mucosum, and may be classed under two heads, viz.: those in which there is an excess of pigment, and those in which there is a deficiency of it. Fox (*l. c.*, 401) accepts these two grand divisions only, the former as *Melanoderma*, the latter as *Leucoderma.*

Melanoderma—Leucoderma.

Melanoderma means, therefore, excess of pigment, resulting in discoloration; but the altered tint of the skin may be blue, yellowish, black (thus including *cyanoderma*, *xanthoderma and melasma*).

Melasma, *melanosis*, *nigrities*, is an acquired discoloration of the skin, affecting principally the lower extremities, but which may include the whole surface. It is seen mostly in wine drinkers, and after pediculis vestimentorum in consequence of numerous extravasations coming from severe scratching. The skin resembles that of a negro. It may also be a physiological condition, as seen in the staining around the nipple and the linea alba in pregnancy, and this condition may become a pathological state by its excess. According to Anderson melanosis occurs in its most typical form in persons tainted with syphilis;

but such cases will be classed under the head of constitutional syphilis.

Wilson thinks that in melanoderma there is an anæmia of special features, accompanied by pigment deposit and change, due to *debility of the nervous powers*, and that the various colors are modified results.

Morbus Addisonii—Bronze Disease.

Addison first called attention to a peculiar discoloration of the skin (bronzing), which he connected with disease of the supra-renal capsules. It is accompanied by progressive debility, anæmia, a compressible pulse, giddiness, nausea and gastric disturbance, and usually terminates fatally at the end of a few years. The color in these cases is brownish, with sometimes an olive-green tint, and it very closely resembles that seen in the darker races of men. The depth of tint varies in different patients, and is most marked in parts most exposed, and also in places where there is normally an excess of pigment, as, for instance, around the axillæ and near the umbilicus.

Eulenburg and Guttman (*Pathologiæ der Sympathicus*, p. 162) have collected all the arguments concerning the origin of this bronze disease. They acknowledge that neither the physiology nor the pathology of the supra-renal glands are yet understood, and they lean with great force to the opinion that the supra-renal disease is a secondary one, dependent on an *affection of the nervous system*, especially of the large abdominal plexuses of the sympathetic. Addison thought that the excessive prostration might be caused by an affection of the semi-lunar ganglia; and Virchow (*Geschwülste*, II. 702) remarks, that discoloration of the skin is also observed in disease of the pancreas. In most cases of disease of the pancreas or of a supra-renal gland, we also find the epigastric and mesenteric lymphatic glands in a diseased state.

Rossbach (Virchow's *Archiv.*, 1870) considers morbus

Addisonii a functional disorder of the whole nervous system, standing in some relation to the supra-renal glands, and characterized by mental disturbances, excessive anæmia, extraordinary sensation of debility, and very frequently by dark pigmentation of the skin. Emaciation is here the exception, whereas it is the rule in dyscrasic anæmia (cancer and tuberculosis). As ætiological standpoints for morbus Addisonii, we find in all cases disturbances in the nerve centres, long continued emotions, grief, misery; these depressing emotions, reacting on the whole nervous system, may produce anæmia or changes in the distribution of the blood and, in consequence, of its pigmentation. Wilson (*Diseases of the Skin*, p. 600) says: The leading features of this morbid state are anæmia, general languor and debility coming on slowly and insidiously, so that the patient can hardly fix a date to his earliest feeling of that languor, remarkable feebleness of the heart's action, the pulse perhaps large but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement, irritability of the stomach, and singular dingy or dark discoloration of the skin, occurring in connection with a diseased condition of the supra-renal capsules. The *solar plexus* is the actual source of all these successive phenomena, and the disease of the capsulæ supra-renales only the exciting cause. A harmless chloasma cannot be set down as a sign of a fatal cachexia; but our experience is altogether in favor of considering it a consequence of *irritation of the great centre of innervation of the assimilative organs.* Furthermore, cases are on record, where the whole complex of symptoms was present, without any diseased state of the supra-renal capsules being found after death; and Rortau (*Brit. Med. and Surg. Review*, April, 1861) narrates that most remarkable case of melanosis, where a woman, during the French revolution, was condemned to be hung, and from fright turned black all over the body. The exe-

cution did not take place, but the discoloration of the skin remained up to her death, thirty years later.

Leucoderma. The same nervous influence prevails in some cases where diminution of pigment is found, but unfortunately we do not yet know the cause of this loss of coloring matter. Partial discolorations are seen principally after very enervating diseases, as typhus. In negroes the discoloration is, as may be conceived, more striking, so that a true dappling results (Neumann, *l. c.* 387). In all such cases of leucoderma everything else is normal, save perhaps the sensations, which may be blunted. In the East Indies, where this disease prevails, it is known to arise from depressed innervation. That fright and fear have blanched over night the hair of darkest hue (loss of pigment), is a fact too well known to allow of dispute. From such known causes we may well form conclusions for other cases where the causes still remain incognito, and pigmentary diseases may be therefore classed among the neuroses of the skin.

Melasma figurata is a partial form of melanosis, generally circumscribed, but not unfrequently associated with a diffused huskiness of the skin (ephelis). Plenk distinguishes seven varieties, three belonging to the local group, solaris (sunburn), ignealis, a vesicatoric (or from any other local irritant), and four constitutional varieties, namely, gravidarum, hepatica, dysmenorrhœalis and hemarrhoidalis.

Pigmentary nævi consist of collections of pigment in the rete and corium, and a certain amount of hypertrophy of the papilla at times. They may be furnished with hairs (nævi pilosi).

Xanthoderma. In this disease the pigmentary discoloration is yellowish, and it is subdivided by some into lentigo and chloasma.

Lentigo (freckles) is a small lentil-shaped and lentil-colored spot, commonly met with on the face and exposed parts of children and fair-complexioned persons, seated in

the rete-mucosum, and produced by an unknown predisposing cause, showing itself by a *weakness in the structure of the skin* and a *sensitiveness to irritant impressions.*

Chloasma (liver-spots, pityriasis versicolor) is a discoloration of the skin, of a light yellowish or greenish-brown tint, having its seat in the rete mucosum, occurring in small patches or blotches of considerable extent, distinctly circumscribed and developed symmetrically on the trunk of the body, neck and limbs. (The Vienna school considers chloasma of parasitic origin, and classifies it among the parasitic diseases, and it will be considered more at length in the chapter on these diseases. We will only mention that here also assimilative debility, general nervous weakness, etc., are found among the most frequent predisposing causes.)

Jeffries (*l. c.* 62) remarks, that chemical analysis shows the coloring matter to be allied to the indigo compounds. The theory of coloration in chromidroses is, that the *indican** exists in the blood in certain unhealthy conditions. It is colorless and soluble, especially in an alkaline fluid. The indican is secreted by the sudorifarous glands, still colorless. It is now dehydrogenated, and fully oxidized (according to temperature, etc.) into brown or blue indigo, The indigo-red does not seem to be formed. When the blue is very abundant and deep in color, it appears black. In blue coloring of the lids the urine showed by test no color. Dermatologists have thus proved by the chemists' assistance, that the skin does not excrete certain coloring matters. Neftel (*N. A. J. of Hom.*, xxii. 68) says of Indican: This coloring matter is occasionally found also in typhus, cholera and other diseased conditions; but its

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**Indican*, C_{26}, H_{31}, NO_{17}. Present only in small quantities in the normal urine; in larger quantities in pathological urine, especially in hepatic cancer; copiously also in the urine of dogs; gives to the urine its intensely yellow color. In putrefying urine it passes into indigo C_6, N_{26}, NO, a dark-blue amorphous powder. (Ranke, *Physiology*, p. 75.)

presence in large quantities in persons affected with malignant tumors I consider as pathognomonic of carcinoma of the liver, and consequently of the generalization of the disease. Wilson notices especially in reference to melanoderma a peculiar condition of the eye,—"the melasmic eye." It consists of a vivid brightness and brilliancy and sparkling lustre of the eyeball, a liquid depth of color of the humors of the eye, and a strongly contrasting whiteness of the sclerotica, the effect being often increased by a more or less deep tint of a dull blackness of the integuments of the eyelids, more especially of the fold of skin of the upper eyelid which immediately borders on the eyelashes. (Such a brilliant eye is also characteristic of hysteria, and may be caused by the same or a similar state of anæmia and deficient innervation).

The *prognosis* may be grave or unimportant, according to the nature of the cause. If the irritation of the organic nerves be due to visceral disease, and proceed to an aggravated form of melanæmia and leucæmia, the case will most likely prove fatal. If the disease be slight or simply functional, there is hope of cure. Cases most favorable to a cure are those where the nervous irritation originates in deranged uterine function or in hysteria.

Treatment.—The treatment consists in the removal of the cause and the renovation of the strength and nervous power of the system.

Wilson found the ferro-arsenical mixture of great value, combined with moral medicine and a generous diet. The local treatment requires moderate stimulation by means of friction and ablutions with the carbolic acid or juniper-tar soap and the use of cold water. The bichloride of mercury lotion, one or two grains to the ounce, is frequently of great service; so also frictions with the unguentum picis liquidæ or unguentum sulfuris. In obstinate cases we have had recourse to the compound tincture of iodine pencilled on the surface, a saturated solution of

iodine in glycerine, and a solution of potassa fussa, one part to eight of water.

Fox (*l. c.*, 404) does not think local remedies of any direct use, yet free ablutions and frictions with the use of juniper-tar soap as a stimulant, help the skin to recover its healthy condition. Imperfect oxidation and deficient elimination must be remedied. The action of the malarial poison on the system may also tend to an abnormal production of pigment in the blood.

Neumann (*l. c.*, 385), the disciple of Hebra, on the contrary, believes that the removal of pigment is readily accomplished by such means as cause a superficial inflammation of the skin and result in desquamation of the epidermis. Among the remedies employed, the best is corrosive sublimate (grs. v ad aqua ʒ j.). The affected portions of skin are covered with pieces of linen, accurately fitted, and kept moist with the solution for three hours. The edge of the cloth should be continually dried, as otherwise the solution will collect and destroy too deeply. Gradual separation of the epidermis may be obtained by an ointment consisting of Bismuth subnitrat. et hydrarg. præcip. alb. āā. ʒ j. Unguent. simplex, ʒ ij. The disfigurations return in most cases.

Kafka (*l. c.*, II., 676) speaks of *melanæmia* where the blood is poor in red blood globules, with a surplus of pigment in the blood, which will be deposited in the tissues. Such a state is frequently observed after old and severe intermittents. After treating fully of the dietetic and hygienic treatment of anæmia, he continues (p. 684): "The remedial treatment requires our utmost care. In selecting the remedy we must not only study out the cause, but we must also elucidate whether we have to deal with a primary or secondary anæmia, as the former is often curable, whereas the latter fails to respond to our efforts. *There is no universal remedy for the removal of anæmia.*

Raue (*l. c.*, 608) mentions Calc. carb., Clematis, Graphit., Hepar. s. c., Lycop., Petrol., Plumbum, Sepia, Silic., Sulphur, Thuya, to be compared with the symptoms of the individual case.

Toothaker (Small, *Diseases of the Nervous System*, 190) mentions for *Lentigo:* Antim., Bryon., Calcar., Lycop., Natrum, Pulsat., and Sulphur; and for *Ephelis:* Alum., Dulcam., Graphit., Kali, Mur. ac., Nitr. ac., Sepia, Tart. em. and Veratr. Incidental Leucoderma (*Albinismus*) has been cured by Arsen. Alum., Natr., Sepia, Silic., Sulphur have been found useful. Calc., Carb. an., Mercur., Phosphor., Nitr. ac. or Phosph. ac. might prove beneficial.

Anomalies of Secretion.

The secretion of the *sebaceous glands* is designed to give a certain softness and flexibility to the epidermal structures of the skin. These glands are most numerous in parts largely supplied with hair, as the scalp and face, and are thickly distributed about the entrances of the various passages into the body, as the anus, nose, lips and external ear. They are entirely absent from the palmar surfaces of the hands and the plantar surfaces of the feet. They are minutely lobulated glands, composed of an aggregate of small vesicles or saculi, filled with an opaque white substance, like soft ointment. Minute capillary vessels overspread them, and their ducts, which have a bearded appearance, as if formed of rows of shells, open either on the surface of the skin, close to a hair, or, which is more usual, directly into the follicle of the hair. In the latter case there are generally two glands to each hair. At the borders of the lips and at the labia minora we find layers of sebaceous glands not connected with hairs.

The secretion of these glands contains different fats, which are fluid in the normal state of the temperature of the body, and cholesterine (fat, traces of oil and osmazome,

watery extract, albumen and casein, phosphate and carbonate of lime). Proof is still wanting that the nervous system exerts any influence over this secretion.

The sebaceous secretion may be morbidly altered, and that both quantitatively and qualitatively. Quantitatively it may be either increased or diminished.

(a) *Increase of the Sebaceous Secretion.*

Seborrhœa, *steatorrhœa*, *acne sebacea*, is an increased secretion of sebum, which, mingled with epidermic scales, appears on the surface of the skin. This usually exists without any disturbance of health. The part of the skin affected has at first a shining, unctuous appearance, without any change of color. The fatty matter secreted may remain fluid, or it may congeal and form, with the epidermic scales, a thinner or thicker layer of soft scales, at first white, which becomes darker and harder by exposure. In the dry form (steatorrhœa sicca) this layer can at first be rubbed off easily, adheres more and more closely as time advances, but always feels greasy between the fingers.

This morbid sebaceous secretion is either a *local* or *general* one. Local seborrhœa comes especially on the scalp, nose, region of the beard and on the genitals. It is usual to describe certain local varieties, as follows:

Seborrhœa capillitii.—The secretion of the sebaceous glands in the fœtus is greater during intra-uterine life than subsequently, and we meet it at birth on the body generally, where it constitutes the vernix caseosa. This abundant secretion continues on the scalp during the first year of extra-uterine life, and if the sebum is allowed to collect there and gather dirt and dust from without, we may have finally crusts several lines in thickness, and the whole hairy scalp may be enveloped in a thick layer of sebum. When the crusts remain for a long time, the seborrhœa is generally complicated with eczema, for the collected mass of sebum decomposes, macerates, and irri-

tates the skin, and produces redness and moisture on it. The same disease appears also as thick scales, which cause the hairs to adhere to one another in little bundles (psoriasis amianthacea).

In adults it forms one of the commonest varieties of scurf, or dry scales, which are formed in large quantities, and in old people it is seen in connection with senile decay. The scalp is for the most part devoid of hair, and covered with a dirty, yellowish-brown, easily-removable crust. It may also be a part of syphilis.

Seborrhœa faciei.—On the face the oily portion of the sebaceous secretion is increased. The skin of persons so affected has a shining appearance when it is kept clean; when neglected, dust and dirt adhere to the sebum, which is thus changed to a dark color.

Seborrhœa nasi is frequently found associated with enlarged cutaneous veins, giving to the nose a reddish look, which is more striking in cold weather.

Seborrhœa genitalium is very frequent in persons with a narrow phymotic prepuce, or in women, on the surfaces of the labia majora.

Seborrhœa universalis is quite rare in adults, and shows itself by fatty plates caked on a thin, cachectic and dirty skin (pityriasis tabescentium), the openings of the sebaceous glands all over the body being stopped up, forming tumors the size of a hazel-nut or larger. On some places, especially in children who are not kept clean, and whose skin is tender, slight excoriations are excited, which may cause seborrhœa to be mistaken for other diseases.

Treatment.—Our present knowledge of the use of fats and soaps enables us to treat these cases with great certainty.

Martin recommends merc. subl. corr. grs. viii., glycerine ʒ j., aq. rosæ ʒ iv. to be used where the openings of the sebaceous glands are stopped up.

Hillier removes the excessive secretion by the use of

oil, to soften the layer of scales, followed by a strongly alkaline or soft soap. To promote the contraction of the orifices of the sebaceous glands, astringent lotions should then be used, such as the bichloride of mercury, acetate of lead, or sulphate of zinc.

Fox is of opinion that wherever seborrhœa is well marked there is usually some debility present, and the internal use of cod-liver oil in addition to local treatment aids the cure of the disease. Some persons are anæmic and require iron, and where nervous debility exists, a course of arsenic and iron is specially needed with the oil.

Hebra uses, where the disease resists simple treatment with oil and soap, his potash-soap (sapo viridis ʒ ij., spir. vin. rect. ʒ i., solve, filtr, et adde spir. lavendul ʒ ij.). The soap and its preparations are best used under the douche, the cold causing the glands to contract. In seborrhœa which has lasted some time, there is also a small amount of infiltration of the skin present, and various substances in the form of ointments are useful for its removal (Oxide Zinc., Carb. plumb. āā ʒ i., Spermacet. ʒ i., Ol. Olivæ. q. s., et. f. ung. molle.)

Astringents, especially alum and tannin, and mild stimulants, are useful, either mingled with the ointments recommended to be used with the frictions with soap, or alone in solution.

Hardy witnessed good results from vapor-baths.

Kafka does not order any internal treatment for the seborrhœa infantum, as it suffices to pencil the affected parts with oil in the evening and to cleanse them in the morning with soap and water. Such a procedure must be continued till the scalp is perfectly free from scabs. The same external treatment is necessary for seborrhœa capilitii of adults, but he recommends *Phosph.*[3], a dose morning and evening, for the simultaneous itching between the hairs, or *Calc-carb.*[6] for the hyperæmia of the scalp with simultaneous severe headache. *Natr. mur.*[6] acts admirably

where the patients complain of severe itching between the hairs, which fall out in masses. The whole scalp is also washed mornings and evenings with a solution of salt (℥ j. to ℥ iij. distilled water), and the scales removed in the morning with a fine comb. Hyperæmia of the scalp contra-indicates the salt treatment, as it always aggravates such cases. *Sulphur* and *Sepia* (6) are indicated in hyperæmia, where dirty-yellow, wax-like scales appear on the scalp, forming thin crusts adhering firmly to the scalp, and which can be only removed with pain. Such a seborrhœa allows only the mildest treatment, and all soap is rather injurious at the beginning of the treatment. Only after the removal of the hyperæmia, and when the crusts become soft and loose, Hebra's soap may be used in the morning as a tonic to the scalp. (Sapo. viridis ℥ ij., Aq. Coloniensis ℥ x, Misce.) *Graphit.*[6] or *Vinca minor* are given where the sebum is discharged in such quantities that the hair mats together in bundles, with the sensation of itching and heat on the scalp. Merc. sol.[6] may be tried, where the other two fail, under the same conditions. External treatment, steadily and energetically applied, is here of the utmost necessity.

Seborrhœa facialis oleaginæ requires *Natr. mur.*[6] internally and externally for its removal. For the *Seborrhœa facialis sicca*, penciling with oil at night and soap-suds in the morning suffice in most cases, but when the crusts are firmly adhering and the skin remains red after their painful removal, we give *Iodine*[3] internally, till the crusts become soft and loose and the redness disappears. *Hepar*[3] acts well in children suffering from seborrhœa facialis sicca.

Seborrhœa genitalium. *Mezer.*[3] or *Lycop.*[6] two doses daily, act well in seborrhœa fossæ coronariæ. *Merc.*[3], two to three doses daily, when the glands or prepuce are in a state of hyperæmia. Local and general baths are advisable for cleanliness' sake. *Merc. cor.*[3] internally, and a weak solu-

tion of it externally (gr. j to ʒ iii, aq. distillata) have been used with rapid success. *Seborrhœa genitalium* of *women* requires great cleanliness; full and sitz-baths to prevent the secretion from becoming acrid; internally *Merc. sol.*[3] or *Sepia*[6]. Where these means fail, injections or sponging with a weak solution of Plumb. acet., Alumen, or Zinc. acet. may be applied.

Baehr (II., 531) considers too much washing injurious, be it cold or warm. The soap used ought to be a very mild one, and sometimes spirituous ablutions are better borne. All fatty substances ought to be strictly interdicted. The causal indication must lead us to the selection of the simile.

Comedo has been recently, by Virchow, abundantly proved to be a distended sebaceous follicle, whose contents, projecting above the surface of the skin, becomes black from dirt, and when pressed out, assumes the shape of a worm. In some cases the contents may become dry and quite horny. Under the microscope this is found to consist of epithelial cells and oil globules, some fine hairs and crystals of cholesterine. These obstructed follicles are very commonly met with in young persons, especially on the face and back.

Treatment. Neumann (*l. c.*, 75) recommends the assiduous expression of the sebaceous plugs by means of a watch key, or with a comedo extractor, similar to an earspoon; after which the skin is rubbed with sapo viridis or tincture of soap. When this alone does not suffice, we must try friction with a paste of Sulphur (Lac sulph., Glycerine, Spir. vin. rect., Potass. carbonat., Ether sulph. āā. partes equales), or with the Sulphur sand-soap, which is applied at night, the foam remaining upon the face over night, not being removed till morning. Sometimes the formation of comedo is connected with chronic constitutional diseases, as scrofula, tuberculosis and other pathological processes which occasion a disturbance in the nu-

trition of the skin. Quite frequently also it is associated with disorders of menstruation. The treatment of the cause must then be combined with local therapeutics. Kafka agrees with Neumann. *Tolle causam*, according to the Homoion, is also his indication, when necessary.

Milium, *Grutum*, are also distended white sebaceous glands, covered only by a thin epidermal layer. The little tumor contains epidermis cells, crystals of cholesterine and chalk. These appear mostly on the face, especially on the eyelids and cheeks, and also on the genitals; frequently on the periphery of scars, particularly in lupus.

Willan describes the same disease under the name of *strophulus albidus*, which is wrong, as strophulus is far better placed in the lichen group.

Treatment. The treatment consists in puncturing the epidermis and the evulsion of these spherical bodies by means of a comedo spoon. After their discharge they do not fill again, and the opening closes quickly.

Molluscum is an affection characterized by round elevations, varying in size from a hemp seed to a large currant or a hazelnut, generally with a dark point and a depression on the summit of each. They have a rather translucent appearance, the color of the skin over them being either normal or pinkish; occasionally there is a slight lobulation in them visible through the skin. The skin over them is usually tense, sometimes wrinkled. They either increase slowly in size without any other change, or they ulcerate on the surface and their contents escape, or they inflame and slough away.

In molluscum the sebum collects in the glands in still greater quantity, and when opened, they discharge a milky fluid or finely granular masses which have the appearance of being compressed flatly against each other. Molluscum is found principally on the face, scrotum and penis; less frequently on the chest and arms. The disease mostly occurs in children, but may be seen in adults.

Opinions are divided as to the contagious character of the disease, but most authorities lean to the affirmative and consider it contagious (Baerensprung, Virchow, Rindfleisch, Fox, Hebra, and others).

Virchow found on section of a molluscum a glandular structure, with sebum collected between regularly radially grouped cylinder cells. The soft mass consisted of epidermic cells and fat. He considers that there must be an indigenous cell-formation, as in the case of cancroids. Dr. Beale considers molluscum due to the alteration of the structures concerned in the formation of the hair, especially of the cells at the bottom of the follicle, and of the follicle itself, with hypertrophy of the subcutaneous areolar tissue. (*Path. Soc. Trans.* VI., 313).

Molluscum has been divided into molluscum sessile (with a broad base) and molluscum pendulum (with a peduncle). Others divide it into molluscum contagiosum and molluscum librosum; but the latter being a fibroma, and not originating from a sebaceous gland, is therefore wrongly called molluscum.

Treatment. According to all authorities, molluscum is not attended with any constitutional disturbance, and the treatment recommended is also purely local. The tumors may be laid open and the interior rubbed with lunar caustic. If attached by a pedicle, they should be snipped off and the base cauterized. (Hillier, *l. c.*, 189).

Fox (*l. c.*, 491) recommends that in cases where it can be done, the contents of the little tumors should be squeezed out and nitrate of silver applied to the inside of the tumor. If the tumors are small, the acid nitrate of mercury or potassa fusa solution may be used to them; when large, their sacs must be removed; and when the tumors are numerous, each must be destroyed by caustic and an astringent lotion used.

Kafka (II., 339) also considers all internal treatment without result. After squeezing the contents out, he

paints the internal wall with tincture of iodine, whereby the sac shrinks away. Peduncular mollusca may be ligated or cut away with the scissors.

Seborrhœa congestiva, *Lupus erythematodes* (Hebra, Kaposi, Neumann), *Adenoma of the Sebaceous Glands* (Rindfleisch), attacks principally the face, rarely the body and extremities. Fox (*l. c.*, 381) justly remarks that clinically the lupus erythematodes of the Germans is simply lupus in connection with a certain amount of hypertrophy and irritation of the sebaceous glands in the first instance, in consequence of which they become thickened and loaded with contents prior to their destruction by the new growth. In many cases the hypertrophy of the connective tissue in the wall of the glands is the most marked feature. Auspitz describes it as collections of circumscribed infiltrations, more on the surface, as distinguished from the cell masses in lupus vulgaris that fill the whole depth of the skin. It is, therefore, no seborrhœa, but rather a superficial lupus.

Acne consists of retention of secretion together with secondary inflammation of the sebaceous follicles. (Fox.)

Neumann (*l. c.*, 196) classes acne among the pustular inflammations, and defines it as an inflammation of the sebaceous glands and hair follicles, which shows itself on the surface in the form of papules, nodules and pustules, from the size of a millet seed to that of a bean. Where the inflammatory process extends deeply and includes the whole thickness of the cutis, a more or less extended inflammation takes place around the pustules.

Wilson remarks that retention of sebaceous secretion within the follicle, occurring in the languid and torpid skin of young persons, is apt to act as an irritant, and give rise to congestion and inflammation of the skin immediately surrounding it. Virchow says that when an irritative process is set up around a hair follicle by the retention of the secretion, and assumes a true inflam-

matory character, there result the various forms which have been commonly associated under the name of acne. When the occlusion is superficial, the follicles appear in the form of comedones, and *acne punctata* is the result. When it lies deeper and the neighboring structures swell, when the blood-vessels become dilated and varicose, and when pustules appear, we call it *acne rosacea.* Lastly, when the skin becomes thickened, *acne indurata* is produced.

Wilson (*l. c.*, 699) divides acne into five stages. In the earliest stage, when only a slight elevation, without redness, but hard to the touch, and dotted in the centre with a black point, it is termed *acne punctata;* when the progress of congestion and inflammation has raised the slight prominence into a well-marked conical pimple of a red color, the term *acne coneiformis* becomes applicable; in the third stage the summit of the cone is converted into a well-marked pustule, *acne pustulosa;* in a fourth pustulation is imperfect, and the skin becomes tuberculated by thickening and infiltration of the tissue, *acne tuberculata;* while in a fifth the skin is indurated and deeply scarred, *acne indurata.* (Acne rosacea is classed among the eczematous affections).

Neumann (*l. c.*, 197) by putting acne under the pustular inflammations, throws all the varieties of acne into one class, and divides it into three varieties, *acne disseminata* (vulgaris, varioliformis, cachecticorum, artificialis), *acne rosacea* and *acne mentagra* (sycosis). Only the first and second will receive our consideration.

Hillier, Fox, Neligan and others adopt Virchow's classification.

Acne simplex, seu vulgaris. A number of black specks surrounded by a narrow border of raised cuticle appear on the forehead and face. They remain for some time without inflaming (a. punctata), or inflammation of the follicles and parts around is set up (a. coneiformis), passing over

into suppuration (a. pustulosa), which may discharge their contents and run their course in four or five days. In some cases the pustule is larger and presents at the base a slight elevation of a red color (a. tuberculata), which lasts from a week to a fortnight after the pustule has ruptured and may leave a slight cicatrix. It is met with on the forehead, temples, between the shoulders and on the front of the chest; it is observed in the young of both sexes, especially about the time of puberty (acmè).

Acne indurata is acne simplex of an indolent and more or less chronic kind; the separate pustules have a very hard, dusky-red base; suppuration is scantily evolved; the pustules are painful and there is a feeling of tenseness about the face; the skin generally is congested, thickened and dense. After running its course it leaves a swelling which is slow in disappearing, and which is sometimes succeeded by an indelible scar like that made by small-pox.

Acne rosacea is another apple of discord among the dermatologists. It might be well to consider it as a connecting link between the diseases of the sebaceous glands and hair follicles on the one side and new growths on the other. It is a chronic inflammation of the face, made up of acne spots, periglandular inflammation, erythema, and new growth of connective tissue growing independently of the glands. The first stage consists in congestion of the face and more or less dilatation of certain capillaries. Certain points of the papillary layer become hyperæmic, and certain of the glands are similarly affected, so that acne spots are produced, an excessive amount of sebum secreted, and the skin feels greasy. In the next stage, in consequence of the inflammation, the connecting tissue around and about the glands hypertrophies,—that is to to say, the acne spots become indurated and hard, whilst the independent non-glandular papules become more marked. The color of the redness is bright-red, the vessels become varicose and ramble freely over the surface

of the diseased parts; suppuration is not very marked, but the integument generally is thickened. This disease is rarely seen in the young. Clinical experience has shown that although frequent in good-livers and wine-bibbers, it is not necessarily restricted to them. Certain cases of acne rosacea can be traced to causes of a more or less definite kind, but in other instances we cannot discover any condition to which we may attribute it. It occurs in women of middle age who suffer from uterine troubles. The disease is aggravated by trouble, by stimulating food, by exposure, by dyspepsia and by alcoholic drinks.

Fox (*l. c.*, 494) mentions an *acne atrophica* and *acne hypertrophica*, but there is really no necessity for such a division. In the former the acne spots are succeeded by atrophy, in the latter by marked hypertrophy of the connective tissue, in consequence of long continued congestion occurring in connection with acne.

Acne syphilitica will be treated of under syphilis.

Treatment.—Hebra says: I must confess that in spite of many efforts, I have not yet succeeded in finding a remedy by which acne can be prevented from developing itself or quickly got rid of when established. *Proper and continued treatment is necessary.* Several high authorities recommend not only in acne rosacea, but wherever the same follicles inflame and re-inflame at successive times, a small incision to be made through the skin over the follicle and a fine capillary tube, charged with strong nitric acid, applied. The acid penetrates the follicle, but does not burn any portion of the skin beyond the circumference of the tube. In acne rosacea, with extensive vascularities and even large excrescences, it is essential to destroy the dilated veins or at least render them impervious. The quickest way of effecting this is to make a number of incisions with a sharp, narrow bistoury or cataract-knife, so as to cut the dilated veins longitudi-

nally, particularly those of which the loops are plainly visible, being gorged with blood. The blood should be allowed to flow for a little while, and the parts should then be touched with a brush dipped in liquor ferri perchlorid. Where the nose has greatly altered in form and enormously increased in size, the thickened and hypertrophied skin ought to be cut off so as to reduce the part to a bearable condition (Jeffries, *l. c.*, p. 55).

Kafka (II., 460). The homœopathic treatment of acne disseminata aims to stop the continually recurring and extending inflammation of the sebaceous glands and to bring back their function to its normal state. For that purpose we examine which form of acne is most prevalent, the papular, pustular or indurated form.

Where the *papular form* prevails, *i. e.* where the inflamed follicle does not pass over into suppuration, but forms a bluish-red nodule, covering itself after detumescence with small scales, *Merc. sol.*[3] is indicated, and where this remedy fails after some time to produce amelioration, *Phosphor.*[3], two doses daily. After three to six weeks, with an interval of a few days after every six to eight days of medication, we have seen long standing and frequently relapsing cases cured without any external application whatever.

The *pustular form* requires *Hepar*[3] or *Rhus tox.*[3] in the same manner.

Acne indurata needs *Iodine*[3], *Conium*[3] or Clematis.[3] It takes time and patience to eradicate this form. In obstinate cases we may use *Phosphor.*[3-6] or *Silicea.*[6]

Where the skin between the acne points looks as if besmeared with oil, seborrhœa is simultaneously present, and the internal and external use of *Natr. mur.* will be followed with success.

Secondary acne (in the course of scrofulosis, scurvy, syphilis, etc.) requires the treatment of the fundamental disease, keeping in view at the same time the prevailing form of acne.

In relation to diet, such patients must abstain from spiced, salty or acid food, and from alcoholic or stimulating drinks. It is also advisable that the patients do not remove too hastily the crusts, as experience teaches that such nodules inflame easily in consequence of the mechanical irritation. The pigment-spots remaining after the healing of the acne, disappear most quickly from ablutions of diluted alcohol or diluted Cologne-water.

In *acne rosacea* we must fix our attention on the cause which produced it, and remove it. Our further treatment varies according to the grade and duration of the disease. Where the redness of the nose and cheeks is of short standing, and where the vessels are not yet injected nor the sebaceous glands inflamed, and where a cold atmosphere caused or aggravated it, we use *Petroleum*[3] internally and pencil the affected points twice a day with the same, (Petrol. gtt. ij., Ol. amygdal. ʒ ij.) As soon as some heat and redness returns to the affected parts, we pause with the remedy and await its secondary action, which generally is beneficial.

Where the redness is more livid and the veins are injected and varicose, we use *Alumen* internally and externally. *Calc. carb.*[6] is indicated for a red nose in consequence of dys- and amenorrhœa or during climaxis, especially where plethora and congestion to the head are simultaneously present.

A bluish color of the acne rosacea, with hyperæmia and varicosity of the capillaries, indicates *Sulphur*[6], even for drunkards, together with an inunction of the affected parts every evening with Sulphur ointment (Sulph. ʒ i., Axung. podc. ℥ i.), to be washed off in the morning with soap and water. In such cases *Nux vom.*[3-6] and *Carb. veg.*[6] are also effective. Should the acne take on the pustular form, we prefer *Hepar*[3] to Sulphur and employ it in the same manner, two to three doses daily. The first trituration, moistened with glycerine, may be applied to the affected parts.

Acne tuberculata needs *Phosphor.*[3] internally, two doses daily, and an inunction with Phosphor liniment (Spir. Phosph. dil. ʒ i., Ol. amygdal. ʒ i.), two or three times every day. Where the disorganization reached a high degree, internal treatment fails and surgery becomes necessary.

Hughes (*Therapeutics*, 468) believes that acne simplex in young persons may often be cured by *Bellad.* if the patients are full blooded, or by *Pulsat.* if they are pale and slender. In more chronic cases *Sulphur* is required, and it is often useful to touch each prominence with a camel's-hair brush dipped in the mother tincture. Acne rosacea is a very obstinate affection, and probably more good is achieved by constitutional treatment, especially directed against alcoholic toxication, than by cutaneous remedies. *Carbo animalis*, *Antimonium crudum*, *Ruta* and *Ledum*—as well as the never-failing *Arsenicum*—have been recommended.

Bæhr (II., 503) remarks, that acne patients are very hard to treat, as they generally feel so well that a restriction in their diet is hardly ever taken with good grace or strictly followed out. Cold washing and bathing often does more harm than good. He recommends vapor baths, with the usual scrubbing, for acne on the trunk. In acne facialis the patient ought to rub the affected parts every morning with Venetian soap and warm water, and afterwards wash it off with cold water. He has hardly seen any benefit from internal treatment, except from Arsen. Hartmann and others recommend: Canthar., Sulphur, Staphis., Ant. crud., Dulcam., Mezer., Natr. mur., Ac. nitr., Capsic., Sepia.

Raue (*l. c.*, 67). Compare: Bellad., Carb. veg., Hepar, Lachnantes, Sulphur. After sexual excesses: Calc. carb., Phosph. ac., Sulphur. For acne rosacea: Arsen., Ruta, Rhus tox. Old warts upon the nose indicate Causticum.

Toothaker (*l. c.*, 175) recommends for acne rosacea

from intemperance, Arsen., Nux vom., Laches., Ledum; from menoposis, Pulsat., Laches., Bryon., Bellad., Arsen., Sulphur. Also Cocculus, Sanguin., Sepia.

Raue (*Record*, 1870). *Arsen.:* Acne punctata in the face or on the forehead, skin dry and dirty looking. *Bromide of Potassium* causes acne simplex and indurata on chest, shoulders, face (nose and nose wings), lasting from one to four weeks, changing in numbers and leaving mostly a red spot with hardened centre; before the eruption, a general annoying itching.

(*Record*, 1871.) *Silicea*[30] cured in less than a fortnight a thick crop of papules (acne simplex) on the forehead, face and backs of the hands. Eruption red; itches and burns in the day-time only.

(*Record*, 1872.) A girl, æt. 24. For about a year on the chin single red spots, spreading upwards to nose and adjacent parts. The nose is swollen, disfigured, red and covered with nodes of various sizes; also on cheeks and forepart of head. Getting heated makes it worse. It is attended with burning pain; dryness of the nose; disposition to hoarseness; constipation; sweaty feet; violent pain before the otherwise regular menstrual flow. *Causticum*[2], three drops every morning. Within one month redness and swelling of the nose were diminished. *Arsen.*[6], two drops night and morning, relieved constipation, painful menstruation and dizziness, but had no influence on the eruption. Again Causticum[1], two drops night and morning. At first great aggravation, which soon was followed by steady improvement and cure.

Acne faciei: *Eugen. jamb.*, *Conium*, *Natrum mur.* Baths with one-half to three-quarters of a pound of sea-salt, twice a week.

(*Record*, 1873.) Acne punctata, *Sulphur* persistently. Acne pustulosa, *Nux jugl.*, especially in strumous constitutions. Also *Hepar.*

Looking at the medicinal rashes, the direct results of

the action of drugs, we find that the internal use of *Iodine* and *Iodide of Potassium*, of *Bromide of Potassium*, of *tar* and perhaps other drugs, produces an acne eruption, and therefore they ought to cure it, where the other symptoms correspond to the individual case.

Iodine indications: Scrofulosis, glandular affections, syphilis with tendency to hypertrophy; an itching elevation on the nose; suppurating ulcer on the left cheek, with swelling of the surrounding glands, and a hard nodosity at the place which the ulcer occupies, dispersing very slowly.

Iodide of Potassium: Painfully sensitive blotch on the cheeks, surrounded with swellings and ulcers; several pimples on the chin and nose; painfully sensitive pimple near the nostril; profuse papulous eruption on the face, on the shoulders and over the whole body, occasionally with dryness of the throat.

Bromide of Potassium. Voisin (*Gaz. des hôpitaux*, 1868, p. 603) speaks of five phases. In the first place acne indurata, chiefly seen on the face, chest and back. Second: acneiform pustules, with a depressed umbilicus in the centre, their base being very hard; these oblong swellings are produced by a crowding together of enlarged sebaceous glands distended with sebum, which is of more or less milky aspect. It is almost of the nature of crowding together of molluscous tumors. Hale (*New Remedies*, 3d edition, p. 80) gives: erythematous swelling of the nose, a papular rash on face and nose, with heat and itching; acne-like eruption on the face, neck and shoulders; acne in young persons; the secretion of the skin is reduced in proportion to the anæmia of that tissue.

The *tar acne* is well known. The phenomena occasioned by tar may be divided into such as result from the immediate application of fluid tar, and second, from the action of air impregnated with the vapor of tar. In the latter case an eruption is formed over the whole surface of the

body, and the face especially is the seat of numerous comedones, interspersed with an eruption of acne; the lower extremities are also partly covered with comedones, partly with acne papules and pustules, which in places reach the size of a hazelnut. Acne is very frequent in tar factories. (Neumann, *l. c.*, 198.) We have already remarked that Kafka found *Petroleum* efficient in acne rosacea. Hale mentions acne under Carbolic acid, but we would prefer a proving of tar itself, so that its symptomatology could be clearly defined.

Xerosis—Xeroderma.

A diminution of the sebaceous secretion may take place and the skin becomes dry, harsh, inflexible and cracked. We may have either roughness alone or scaliness of the skin (Fox puts it therefore under ichthyosis), or the normal fat is removed from the skin, and it becomes rough and cracked, as seen in washerwomen and domestics from the too frequent contact with soap or lye. Such patients regain their normal skin after friction with oil and suspension of their occupation for a season.

Affections Characterized by Hypertrophy and Degeneration.

Lupus.

We may divide and subdivide diseases in text-books, we may group and classify according to our own ideas, but nature does not acknowledge our vain labor. Thus acne rosacea and lupus erythematodes Germanorum are transition-forms from diseases of the sebaceous glands to the class now under consideration, and we find therefore such transition-forms put by different authors into different classes.

Fox (*l. c.*, 369) considers lupus not a pure hypertrophy but a neoplasma, as the disease is characterized by an infiltration of the skin, with a new cell growth, which is

capable of undergoing organization, and after a while is removed by interstitial absorption or by ulceration. The neoplasma takes the form generally of tubercular elevations, forming by their close approximation larger and smaller patches, which leave behind in process of cure indelible cicatrixes. Lupus runs a chronic course, and is especially prone to attack the skin of the face.

Wilson (*l. c.*, 369) takes opposite ground, and understands by the term lupus a strumous degeneration of the tissues of the skin, attended with more or less hypertrophy, with absorptions and with ulceration, such morbid phenomena originating in a constitutional condition or diathesis. Bazin also considers lupus a malignant scrofulide, and Cazenave agrees with him.

Volkmann (*N. A. J. of H.*, 19, 440) and Virchow agree with Fox, and consider lupus a neoplasma, consisting of cell-proliferation. This large accumulation of proliferating cells pressing away and destroying the layers of the cutis, and often the deeper lying tissues also, is characteristic of lupus. Neumann (*l. c.*, 331) finds the histological condition of lupus varying according to the stage of the morbid process, but consisting mainly in a cell-infiltration of the corium, and he describes the changes as follows: The cells of the rete Malpighii have granular contents (fatty or pigmentary molecules); the corium becomes spongy and its volume is increased; the papillæ are a little elongated and increased somewhat in breadth, and in some places remain normal; the fibrinous meshes are larger than in the healthy state. Within them we find a network of delicate connective-tissue fibres. The corium is in places moderately filled with uniform roundish and oval cells. The subcutaneous connective tissue becomes thickened; the fat-cells are either less abundant or have entirely disappeared. The sweat-glands are preserved, capillaries and lymphatics enlarged, sebaceous glands present in small numbers. Simi-

lar infiltrations are found in the subcutaneous cellular tissue.

In speaking of the etiology of lupus, Wilson (*Lectures on Dermatology*, 1873, p. 197) remarks on case 556: Hillairet designates this case as one of lupus; but as in England we reserve that term for scrofulous ulceration, I have preferred to speak of it as chronic ulcerative syphilis. McCall Anderson (*l. c.* 5) also puts his cases of lupus vulgaris and erythematodes under the head of strumous affections. Hillier (*l. c.*, 194) acknowledges that very little is known about the cause of lupus, and that the disease is regarded by most authors as due to a diathesis closely allied if not identical with scrofula.

Franklin (*Surgery* II., 834) leans the same way by putting lupus among the diseases of the lymphatic system, lupus non exedens being mostly seen in persons of a scrofulous diathesis.

Helmuth (*Surgery*, 488) joins the other party, and with the German dermatologists considers lupus a merely local inflammatory process, as its chief characteristics are: no constitutional irritation, the healthiness of the integument up to the very margin of the sore, the absence of swelling, infiltration and redness, no fetor, the location of the disease and its dark-brown or blackish crust. Neumann and Volkmann acknowledge that a large number of the forms of lupus may be associated with glandular enlargement, caries and necrosis, and that in children lupus often depends on scrofula; but still just as often lupous children come from parents who enjoy perfect health, and a large part of the cures of the disease occur in persons who are otherwise healthy and strong, and where it would be impossible to prove a dyscrasic or a special diathesis.

All authors agree that lupus has nothing whatever to do with syphilis, either acquired or congenital. Hillier describes only two forms, lupus vulgaris and lupus ery-

thematodes, as both involve the derma, cause interstitial absorption and atrophy of that tissue, and are both followed by a scar. They are distinguished by running a chronic course, and are especially prone to attack the face, which becomes of a dull-red color.

Fox and Wilson describe three forms: *lupus erythematodes*, where the neoplastic deposit is slight and in the form of brownish-red spots or diffused non-nodular elevations; *lupus nonexedens*, where the neoplasm forms distinct tubercular elevations; and *lupus exedens* or *exulcerans*, where the deposit passes over into ulceration.

Neumann is right in considering the two latter as different stages of one and the same disease, and with Willan and others he classes them together under the name *lupus vulgaris*. Such different stages are designated as *lupus maculosus*, where we have only brownish-red spots; *lupus tuberculosus*, where we find papules or nodules elevated above the skin, also of brownish-red color and in size from that of a pea to a hazelnut; *lupus exfoliaticus*, infiltrations, the skin appearing of a similar color and covered with lamellæ of epidermis; *lupus exulcerans*, atonic ulcers, resulting from a softening of the infiltrations; *lupus hypertrophicus*, new formations rising above the skin and frequently involving large portions; *lupus serpiginosus*, large ulcers, extending peripherally.

In order to prevent mistakes, the name *lupus erythematodes* ought to be stricken from the nomenclature of dermatology. The English physicians consider it as neoplasmata of a roundish form, of a deep-red color and shining aspect, without sensible elevation. The skin looks dry and shrunken. The morbid process creeps over the healthy skin, and the diseased surface becomes covered with thin adherent scales, the removal of which exposes a dry yet raw-looking surface, of gelatinous aspect, which is apt to bleed easily.

Neumann's first stage is *lupus maculosus*. What most

Germans used to call lupus erythematodes is now better known by the name *lupus seborrhagicus*, given to it by Volkmann. We here find also irregular slightly swollen spots on the face, cheeks, nose, etc. The reddened skin is on some points covered by firmly-adhering, dirty-looking thin crusts, feeling fatty to the touch, and in reality they consist only of the secretion of the sebaceous glands of the skin, discharged in abnormal quantities, with an admixture of epidermic cells. If we scrape off this fatty layer with a knife, the underlying skin appears red, sore, as if covered with fine warts, *i. e.* the enlarged excretory ducts of the sebaceous glands. This seborrhœa is only of secondary importance. The essential consists in the infiltration of small cells, which are more numerously developed only in the immediate neighborhood of the glands, thus producing a hyperplasia and an increased secretion. These infiltrations pass through the same stages as those we see in lupus vulgaris, and the flat, gritty scars, pitted in the centre, are characteristic of the lupus seborrhagicus.

In *lupus nonexedens* (tuberculosus, exfoliaticus, hypertrophicus) we find after removing the scales from any portion of a lupus patch that the part beneath is red, dry, shining and even raw, the upper layer next the cuticle presenting an appearance which has been termed "cornified." The process of healing is always attended with more or less loss of substance and sensibility; the cicatrix is below the level of the adjacent surface.

In *lupus exedens* (exulcerans, serpiginosus) the ulceration varies in depth, being in some cases superficial and extensive, in others deep and circumscribed, and great disfiguration may result, as the nose and cheeks are the favorite seat of lupus. According to Hebra, lupus is only dangerous to life in those rare cases where epithelioma is developed from it after it has lasted for years.

The prognosis of lupus is not unfavorable, as according to Volkmann a cure can be promised in many cases, and

this in a far shorter time than formerly. Internal specifics there are none, accompanying constitutional disorders are only exceptionally seen, and in most cases every indication for internal medication is wanting. There is no objection to treating scrofulosis when present, but such treatment will fail to be of any influence in curing the lupus, which must be done by surgery. (Hebra considers reputed cures of lupus by internal medication as mistakes of diagnosis, for eczema squamosum, psoriasis, acne rosacea and even epithelial cancer have been mistaken for lupus.)

The indications are two-fold: First, to remove all diseased tissue. Second, to produce resorption of the cellular infiltrations in those parts which are yet solid and relatively healthy. It is also of great importance to prevent any relapse, and as soon as any lupus nodule makes its reappearance surgical aid must be called in.

Caustics are commonly used for the removal of tissues degenerated by lupus, and the most common in use are the caustic potash and the nitrate of silver in pencil form. Firmly adherent crusts must be removed beforehand by applying cloths soaked in cod-liver oil over them for a day or two, after which we bore the pencil into the soft lupous proliferations, which are easily pierced by it, and entirely deliquesce as soon as they come in contact with it. The nitrate of silver never acts as destructively as the caustic potash, which we must not allow to remain too long in contact with the parts to be cauterized, or else we will destroy the underlying layers of healthy tissue.

Hebra recommends for superficial lupous ulcerations a salve of Arsenic 1.0, Cinnabar 3.0, lard 25.0. Such a salve will not injure the healthy parts, while destroying the soft lupous ones. After using the salve for three days, simple dressings only are needed.

Volkmann's radical treatment for lupus is very painful, and ether should be used during the operation. The lupous degenerations are scraped away with a sharp-edged

scoop, and the infiltrated, hard and bluish, though non-ulcerated nodules must be attacked with the multiple-pointed scarifications. This is performed with a very sharp-pointed small-bladed knife; thousands of points are made closely together, about two lines deep or deeper, in the diseased parts of the skin, which frequently looks discolored after the pricking. The pricked places are then covered with lint, which is closely pressed in to stop the bleeding and left until its spontaneous falling off. These prickings are repeated at intervals of from two to four weeks. At first the knife enters easily the luxuriant tissues interwoven by cellular granulations; after a while it finds more and more resistance, the skin becoming tougher and losing its abnormal redness and swelling. (Helmuth's *Surgery*, 493.)

Fox (*l. c.*, 375) also considers the local treatment of lupus more important than the general, but there are a proper time and proper circumstances under which this should be done. Caustics should be had recourse to when the deposit feature is well marked and when the lupus patch is not too sensitive and too hyperæmic. During the first or congestive state, where the patch is tender and hot, it should be an essentially soothing one (calamine lotion with a little prussic acid and glycerine several times during the day and liquor plumbi painted on at night). If the patch shows some sign of extending, its edges ought to be touched by some caustic. But as soon as we deal with lupus tuberculosus, full cauterisation becomes imperative. Modifying conditions are met in syphilized or strumous subjects, and internal medication must be joined pro re nata to the external treatment.

During the first or congestive stage homœopathic remedies might influence the diseased state of the skin and bring it back to its normal condition.

Bæhr (*Op. cit.*, *II.*, 508) recommends *Lycopodium* in recent cases, when the ulcerations do not penetrate too

deeply, in pale, sallow patients; *Graphites* in lupus of the nose, with deep ulcerations; *Aurum mur.* when lupus takes its starting point from the mucous membrane of the nose, spreading thence to the bones and cartilages and then to the skin; in such cases *Acid. nitr.* and *Sepia* may also be thought of. Against the second stage (lupus hypertrophicus, tuberculosus), when of long standing, internal medication is fruitless; in recent cases *Conium*, *Baryta*, *Graphites* or *Sulphur* may be tried. The third or ulcerating stage defies internal medication; still Arsen., Sulphur, Phosphor., Thuya, Carb. an. and veg., Silicia, Kali bichr. or Alumina may be indicated in certain individual cases.

Kafka (II., 488) cured a case of lupus serpiginosus by the methodical use of iodide of potassium, and another case of lupus exfolians facies with Phosphor., in increasing doses.

Raue (*l. c.*, 67) remarks that such a violent local destruction must grow out of a deep constitutional disorder, and recommends Arsen., Caustic., Cicuta, Staphis.

Maylænder (*Int. Hom. Presse* I, 43) endorses Volkmann's surgery, and combines with it Mercur.[3], but found that anti-scrofulous treatment does not eradicate lupus.

The attention of physicians must also be invited to the use of the *Hydrocotyle Asiatica*, which has acquired great reputation in the hands of several East India physicians. Boileau treated fifty cases of lupus with it (*Brit. Jour. of Hom.*, XVI., 463), in all of which the disease was arrested in a very short time.

Cancerous Affections.

Lupus exedens. Ulcus rodens. Epithelioma. All three can be thrown together as malignant ulcers, especially of the face, and as neoplasmata they are even called cancerous; but let us try to find out at first what cancer is.

Dunglison used to describe it as a malignant growth,

which, by its uninterrupted progress or its return after extirpation, destroys life. Our latest writers on histology consider carcinoma of local origin, and even deny a cancerous diathesis in spite of the so often proven hereditary tendency of this disease, and explain the return of the disease not as a real relapse, but as an uninterrupted growth of the neoplasm. (Neftel, *N. A. J. of H.*, xxii., 66.) Others again consider carcinoma always a constitutional disease, and make a clear distinction between carcinosis and malignant tumors of local origin which are curable at least in their first stages.

Continental observers make no distinction between epithelioma and rodent ulcer, but English surgeons diagnosticate more strictly and define (Moore on ulcus rodens) the latter as a local ailment, being almost uninterruptedly continuous in its growth, from the solitary pimple in which it originates to an area of half the face. At the same time, however, that it has every local quality of cancer, it is so meagre a growth that it has no superfluous material for circulation in the blood to distant parts, and very little for the lymphatics and the textures nearest to it.

Hutchinson defines it as "an ulcer with hard sinuous edges, situated on some part of the upper two-thirds of the face, of several or perhaps of many years duration, almost painless, and occurring in a middle-aged or elderly person of fair health and without enlarged glands."

This comparative slowness of growth, the non-implication of the glands, and the non-undermined edges, differentiate rodent ulcer from epithelioma. Rodent ulcer is as rare on the lower as epithelioma is on the upper lip. The parts by far the most liable to be affected by the rodent ulcer are the eyelids and adjacent portions of the cheek. Next to them the nose is its favorite site, and the third in the list are the cheeks. If left to itself, it will slowly but surely advance both in extent and depth, and

will probably destroy the patient's life in the course of from ten to twenty-five years, death being eventually produced by the exhaustion consequent on suppuration, hæmorrhages, pain, etc., and very probably aggravated by inability to take sufficient food owing to the diseased state of the mouth. The younger the patient, the more rapid will be the course of the disease and vice versa; and the younger the patient, the more nearly is the disease allied to cancer and the more likely to recur after removal. (Hutchinson, *Med. Times and Gaz.*, Sept. 1860.)

Epithelioma is the common form of so-called cancer found in the lip, tongue, vulva, clitoris, penis and rectum. It affects especially the lower lip, the scrotum (constituting chimney-sweeper's cancer), the glands of the groin, more rarely the rectum. It attacks men more frequently than women, and rarely occurs before the age of thirty-five or forty, and shows its malignant character by a tendency to return in a part after its removal and to affect the system through the lymphatics. In rare cases it may also be found in the internal organs. It is essentially an infiltrating disease, according to Thomas Bryant (*Guy's Hosp. Reports*, 1863), beginning, as a rule, as a little wart or tubercle, and then gradually spreading, it may crack, fissure or ulcerate, and when this stage has been arrived at, we easily recognize its malignant character by the infiltration with the cancerous material, and the integument then presents the well-known indurated and everted edges; these appearances forming a marked contrast to the condition of integument which has been ulcerated or ruptured by over-distension in a simple or innocent growth. This ulceration has an eaten-out appearance, is roundish and bounded by hard, indurated, sinuous edges, which, in an advanced stage, are everted and undermined, in consequence of the extension of morbid action; the base of the ulcer is dirty or greyish, more or less papillated; it may be reddish and discharge a thin

fluid, or be disposed to scab over (Tilbury Fox, *Skin Diseases*, 383).

In our studies we have observed that lupus, nearly without an exception, attacks only healthy and even robust persons, and that it never leads to infectious morbid states of other organs, except, perhaps, some adjacent lymphatic glands. Ulcus rodens shows itself to us also as a mere local disease, although already of a more malignant type; while in epithelioma this malignancy becomes still more outspoken.

Friedlænder (*Volkmann's Klin. Vorträge*, No. 64) considers all these neoplasmata as expressions of a *local tuberculosis*, as they, one and all, consist anatomically of closely crowded, often confluent, small tubercular nodules, with giant-cells and epithelial elements. He considers it wrong, therefore, to divide artificially what belongs together anatomically, and the formation of nodules, as found in lupus, in fungoid inflammation of the joints, in the scrophulides of the skin and other ulcerative processes, may be studied together as local tuberculosis.

Hardy also thinks that all these affections possess certain common characters. They all involve the derma and often the deeper layers. They are usually circumscribed to one region, not having much tendency to become general; the ulcers have irregular "eaten" margins, not sharply cut, nor adherent to the parts beneath; the floor is fungoid, bleeding or covered with pale, soft, sometimes exuberant granulations; the cicatrices are depressed, with great loss of substance; and their insidious course as well as the great tendency to deforming and destructive processes proves them to possess considerable *local malignity*.

We know just as much of the ætiology of tuberculosis as we know of that of carcinosis. The treatment of epithelial cancer as well as of rodent ulcer, according to the old school, is summed up in one word—removal by the knife or by caustic, or by both conjoined, which is the

better mode of treatment, and the employment of a thoroughly tonic plan of general treatment. (Chloride of zinc 3 iv., chloride of antimony 3 ij., starch 3 j., glycerine q. s. Use in ulcerous and tuberculous affections.)

Gilchrist (*Surgical Diseases*, 399) recommends for epithelial tumors: Acetic ac., Arg. nitr., Aurum, Chelid., Pulsat., Sulphur, Thuya.

Helmuth (*Surgery*, 884) recommends the enucleation process of Marsden and McLimont, combined with the internal administration of Arsen., Hydras. or Phytol.

Franklin (*Surgery*, II., 551) prefers the knife.

We see thus that this whole chapter belongs rather to the domain of surgery than to that of dermatology; still we would recommend in conjunction with electro-caustic treatment, the internal administration of well-chosen remedies, as for the *rodent ulcer*, Arsen., Bellad., Cicuta, Hepar, Hydrocotyle, Hydras., Mercur., Nitr. ac., Silicia, Staphis., Sulphur, Uranium; for *epithelioma of the lip*, Arsen., Bellad., Clemat., Conium, Silicia, Sulphur; or for *chimney-sweeper's cancer*, Arsen., Carb. veg., Clemat., Laches., Rhus tox., Secale, Thuya, etc.

Elephantiasis Græcorum.

Aretæus quotes as a reason for this name the resemblance of the tubercular and discolored skin to that of the elephant. It is also known under the name of leprosy or lepra arabum; and the chief seats of leprosy in recent times continue to be the same regions of Asia and Africa where it was originally seen and where it is known to have been most common in remote ages.

Its characteristic cutaneous feature is the development of a neoplasma, resembling the granulation tissue of lupus or syphilis, which invades the fibrous structures and the nerves, and the disease has been therefore divided into elephantiasis tuberosa and elephantiasis anæsthetica.

The earliest stage of the cutaneous (external as well as

mucous) manifestation is hyperæmic or erythematous, with the subsequent pigmentary change. Next follows the hypertrophic process, giving rise to prominent blotches, to papules and tubercles. To this succeed softening of the tubercles and ulceration, and lastly comes a process of disorganization and degeneration which results in the elimination of the flesh in the form of a transparent and viscid discharge, and enucleation of the bones divested of their covering tissues. (Wilson, *Lectures*, p. 229.) The disease is sometimes ushered in by lassitude, drowsiness, slight shivering, oppression at the epigastrium and nausea; there is an indefinite feeling of malaise, which may last from several weeks to many months; finally there appears a dull-red discoloration, in patches, followed by little tubercular formations, slightly elevated, varying in size from that of a small pin's head to that of the palm of the hand; these spots are round or irregular in form. From this moment the disease steadily progresses. In the early stage the sensibility of the parts may be increased in consequence of the pressure exerted by the blastematous effusion upon the nerves, but after a while diminished sensation sets in and increases until it becomes decided anæsthesia. After a time the spots fade and disappear; subsequently they reappear on other parts, of a deeper color, and become more or less confluent. The eruption usually again slowly disappears, only to return; and this alternation occurs several times, until at length the spots become permanent. The tubercles are most marked where there is much lax cellular tissue; therefore about the face, nose, lips, eyes, mouth and ear. The sebaceous glands now take on a hyper-action, hence the skin is oily and shining. The increase in the development of the tubercles produces terrible deformity; the surface feels thickened, knotty and uneven; the face is completely altered; the edge of the mouth and lips, the eyebrows, the alæ of the nose, the eyelids are all distorted

and thickened, the whole integument being dirty and sallow-like. Sometimes there is found a corrugated superciliary ridge, which gives a lion-like expression to the countenance, and suggested to the ancient Greeks the terms *Leontia* and *Leontiasis*, which are accepted synonyms of the disease. There is also pretty constantly associated with the tubercular growth of the superciliary ridges the loss of eyebrows. In other cases the ears—satyr-like—are deformed by tubercles. When the lower limbs are affected, the disease is generally most marked about the lower part of the thigh and ankle. Darting pains are often felt in the limbs and the lymphatic glands are frequently swollen; the tubercles themselves are not painful, but on the contrary sensibility is diminished in them. After an uncertain period the mucous membranes are involved; on the tongue and mouth spots and patches appear, which often bleed and grow into tubercles; indeed all the internal organs, with the exception of the pancreas, are finally affected, and the whole system becomes implicated; ulcerative action is set up everywhere with extreme destructive tendencies; finally diarrhœa from intestinal ulceration opens the last act of the drama and the patient succumbs to the marasmus. The disease may last from nine to twenty years and more, before death brings relief to the sufferer.

Elephantiasis anæsthetica. The mode of attack is generally more insidious, affects primarily the nervous trunks and very speedily leads to marked anæsthesia and subsequent destructive changes. Locally at the outset there are many subjective symptoms of heat, shooting, burning, pricking sensations about the hands or feet, with more or less weakness, followed by tenderness, pain and swelling along the course of the cutaneous nerves; ending in numbness and insensibility to irritants and wasting of muscles. The integuments get parched, dry, shrivelled, perhaps covered by a clammy sweat, and desquamate. Coinci-

dently or subsequently to this an eruption appears, consisting of erythematous patches, but especially of large-sized bullæ, occurring on parts previously anæsthetic, which break, and their place is supplied by superficial ulcerations, which, after scabbing, leave behind white, hard, hairless and glandless patches of disease. These patches are the result of changes in the nervous supply; they run one into another and vary in aspect from simple white atrophied circles to large "isolated but blended patches," with or without red vascular margins, passing through the stages in which the centre is first red, then brown or pale, and surrounded by a distinct pink border of vessels. The chief seats are the back of the hip, the front of the shoulder, about the elbows, on the forepart of the knee, over the temples, cheeks, trunk and limbs. The eruption is symmetrical and usually precedes the anæsthetic form. (Fox, *l. c.* 315.) Coincidently with this white leprosy the muscles waste away, the fingers become distorted, the face haggard, shrivelled, the skin mummified or lax and loose. The conjunctiva are injected and vesicles are formed over them; the lids become atrophied and the lashes fall out. The nasal mucous membrane becomes dry; ulcers form and destroy the septum. Paralysis ensues in many of the muscles. The deeper parts now become affected and the bones suffer by interstitial absorption; fingers and toes drop off. During the course of the disease there is great thirst, moderate appetite, occasionally vomiting and pyrosis, a feeling of cold with torpor and drowsiness; there is not so much diarrhœa or suppuration as in the tubercular form, and the patient dies eventually, worn out by exhaustion, or is cut off by some intercurrent disease.

Bulkley (Neumann, *l. c.*, 369) remarks, that three prominent circumstances will strike the observer, which illustrate perfectly the differences of the two varieties: First, the obstinacy of healing in the former and the readi-

ness of the same in the latter. Second, the presence of pain in the former; its complete and wonderful absence and of sensibility in the latter. Third, the tendency to rapid destruction in the anæsthetic variety and the perfect preservation of the members in the tuberculous form.

The pathological manifestation of elephantiasis is a cachexia associated with colloid metamorphoris of the tissues and their subsequent destruction. Thus, in the case of the skin, the whole thickness of the derma is closely studded with minute globular cells, some accumulated in small clusters and others irregularly dispersed. This colloid degeneration extends through the connective framework of the soft parts down to the fibrous envelope of the bones and periosteum, and subsequently isolates and enucleates them. This same degenerated matter in combination with serous fluid constitutes the copious glairy transparent discharge so common to this disease. A similar process, set up in the connective envelope of the nerves, in their neurilemmata, explains the destruction of its normal composition, as well as the loss of sensation and atrophy, and enables us to understand the spontaneous amputation of limbs without pain. (Wilson, *l. c.*, 242.)

In the treatment of leprosy, the first and most natural suggestion is that of changing completely the hygienic surroundings of the patient. Change to a better climate, to a more genial and more bracing air; sufficient exercise; exhilerating occupation and associations; bathing and cleanliness; good, nutritous and sufficient food. Medicines: quinine, ferro-phosphates of quinine and strychnia; mineral acids; arsenical preparations; of plants, the Asclepias gigantea, the Hydrocotyle Asiatica, the Chaoul moogra odorata, the Veronica quinquefolia.

Norwegian physicians recommend a generous diet, with cod-liver oil; internally sulphate of magnesia, arsenic, cantharides, iodide of mercury; and for the neuralgic

pains the iodide and bromide of potassium. Locally they paint the larger prominences with the acid nitrate of mercury, and the smaller ones with a solution of potassa fusa and distilled water, one part to two; while for effecting a similar purpose on the rest of the skin they employ baths of caustic potash and sulphuret of potash. In the anæsthetic form moxæ and issues are applied to the spine, and internally the iodide and bromide of potassium.

The Beauperthuy method of cure consists in a nutritious and generous diet, with good air and sufficient exercise, and the local application of the Oleum Anacardii occidentalis (turkish bath), and internally the perchloride of mercury in doses of $\frac{1}{2\frac{1}{6}}$ of a grain, morning and evening. Aphthæ and ulcerations of the fauces and mouth he touches with a solution of nitrate of silver, ʒ ½ to ℥ j., and for sanguineous discharges from the nostrils he injects a solution of alum. Œdematous swelling of the feet requires foot-baths of warm oil. (Wilson, *l. c.*, 250.)

Kafka (*l. c.*, II., 483) considers internal homœopathic treatment of no use whatever, but acknowledges that he has no experience in this disease.

Hughes (*Therapeutics*) recommends the Hydrocotyle Asiatica, and refers to Andouit's provings in the XVI. volume of the *British Journal*, p. 461.

Elephantiasis Arabum.

Spargosis, bucnemia tropica, must not be confounded with the elephantiasis Græcorum. The disease usually attacks the lower limbs, and is mostly confined to one of them, but it may affect the scrotum, belly, breast, pudenda and other parts. It is characterized by hypertrophic growth of the cellular tissue of the skin, giving rise to general enlargement and alteration in the aspect of the skin, so that it becomes tawny, hard, dark, livid, thickened, often scaly and fissured, whilst by and by warty points appear, so that the skin looks and feels like that of

an elephant. The disease lasts a variable time, attacks all classes, and is non-contagious (Elephantiasis Græcorum is acknowledged to be extremely contagious). The disease frequently begins with febrile symptoms, darting pains and a feeling of tension in the course of the superficial lymphatics, which soon swell and form knotted cords, while the glands become swollen and tender. The superficial veins may also become hard and corded; occasionally there is diffused redness of the skin. The swollen parts are not so much painful as merely uneasy from tension. A repetition of fever occurs at certain intervals, and the size of the affected part bears a direct relation to the frequency of the acute attacks of fever and local inflammation. At length the skin is white and shining, or it is of a dark color, much thickened and studded with projecting veins. The lymphatic glands often suppurate or slough, the joints are sometimes invaded by chronic inflammation and the skin may become covered with scales, as in ichthyosis, or unhealthy intractable ulcers may occur. The muscles are often found pale and fatty, and even the internal organs are frequently in a state of fatty degeneration.

The disease is chronic, and the prognosis depends more on the general state of health than on the local disease. Such cases may be greatly relieved by the judicious combination of diuretics, rest, *firm and continuous bandaging*, together with mild mercurial friction of the limb. Continuous pressure by bandages or plaster of Paris casings diminish the size of the limbs; where ulceration takes place, it is a question whether amputation should not be performed. Vanzetti successfully employed compression of the arterial trunk supplying the affected part.

Kafka (*l. c.* II., 482) treats the erysipelas, lymphangivitis or phlebitis, preceding this pachydræmia, *pro re nata* and recommends for the disorganized cutis the internal use of Phosphor., Silicia, Sepia or Graphit., and externally compression from below upwards.

Hebra recommends tight bandaging and a steady renewal of it as often as the bandage becomes loose. The fissures secreting a foul-smelling fluid must be cleansed with a solution of Chlorine or Kreosote.

Franklin (*Surgery*, II., 831) mentions Arsen., Apis, Clemat., Graphit., Iodine, Lycop., Mercur., Sulphur and Thuya as worthy of a trial, as also the Hydrocotyle. If the disease has been seen too late and the limb has acquired such enormous proportions as to threaten the bursting of the skin, a few punctures should be made with a sharp-pointed scalpel and the serum permitted to escape through the artificial opening.

Toothaker (*Nervous Diseases*, p. 197) recommends the external and internal use of Hamamelis, continued for some length of time. Much attention should be paid to the general state of health, as well as to the appearance of the diseased parts, the kind of pain experienced, and many other circumstances which may guide in the selection of the appropriate remedy. In cases with ulceration, Arsen., Laches., Silicia may be found useful; for varicose tumors, Arnica, Laches., Pulsat.; for indurations, Calc., Lycop., Phosphor., Silicia, etc.

Furrel (*Bibl. Hom.*, Aug. 1871) speaks highly of Myristica sebifera in elephantiasis.

Sana (*A. H. Z.*, 1873) reports several cases of elephantiasis cured by the continued use of Silicia in different potencies and steady compression with a flannel bandage.

Keloid.

Keloid is a fibroid neoplasma of connective tissue, affecting the surface of the skin in the form of white or pale red, cord-like elevations, commonly found isolated on the upper portions of the trunk or extremities, and sometimes on the face. Alibert distinguishes a true and a spurious Keloid; the former is spontaneously developed without any known cause; the latter develops from the cicatrices

of burns and operations, and after small-pox, syphilis, and acne indurata, being especially frequent on the breast and back. The considerable amount of pain present distinguishes it from an ordinary scar. The consequences are those which follow in general from contraction of the skin, and vary according to location, as permanent flexion or extension of the joints, hindrance of mastication, atrophy of the affected muscles, etc.

The treatment of Keloid consists in improving the general health and preventing the irritation of the tumors. Fox recommends the continuous application of contractile collodion to the tumors, to which the hypodermic solution of morphia may likewise be applied for the relief of pain.

Arsen., Caustic., Phosphor., Nitr. ac., Rhus tox., Silicia and Sulphur have been recommended on mere theoretical grounds, clinical verifications being still a great desideratum. Graphites ought not to be forgotten, as according to Goullon it produces absorption of cicatrices.

Fibroma molluscum.

Fox (*l. c.*) describes two forms, fibroma simplex and fungoides. These new formations assume the shape of soft, purse-like appendages to the skin, from the size of a pea to that of a hazelnut, or even larger, attached by a small pedicle, and occurring singly or scattered over the whole surface. The region of the neck, the female nipples and labiæ are favorite locations for these growths; the palms of the hands and the soles of the feet are almost always free from the disease. The fungoid fibroma differs from the simple form by its tendency to ulceration, to rapid growth and to vascularity, and may become dangerous by gangrene and even cause death by marasmus or pyaemia. The microscope shows the tumor to consist of young gelatinous connective tissue, which forms large interstices, containing a yellow, expressible albuminous fluid,

traversed by a delicate, fibrinous net-work. There are also enlargements of the sweat and sebaceous glands, and increase of pigment in some tumors.

Hebra recommends their removal by the knife, scissors, ligature, ecraseur or galvano-caustic loop, the consequent hemorrhage being easily controlled. Fox uses the acid-nitrate of mercury to the smaller, and the joint use of that remedy and the ligature to the larger forms. After applying the acid, an oxyde of zinc paste may be used to prevent too much irritation.

Dudgeon (Hughes' *Therap.*, 467) states that in a case under his care such tumors were disappearing under the action of *Silicea* and *Lycopodium*. As the fungoid fibroma also affects children *Calcarea* ought to be remembered, especially the *Calcarea-arsenicosa*, as in the case mentioned by Fox, the whole of the tissue of the gums was enormously hypertrophied and the fingers markedly club-shaped.

Dermatolysis.

The fibro-cellular element is greatly increased and the skin hangs in loose folds; there is little vascularity; the sensibility of the part is diminished. Alibert mentions five chief seats of the disease, viz., the eyebrows, the face, the neck, the abdomen and the labia; but it may also affect other parts of the body.

Bromide of ammonium is recommended by the old school. Thuya or Aurum may give some relief, according to their pathogeneses.

Nævus vascularis.

Teleangeiectasia, a bright or dark-red or even purple tumor, according to its communication with arterial or venous vessels, varying in size and sometimes including superficially large portions of the body. As a rule they are congenital and consist partly of newly-formed capillaries; sometimes we find fatty and connective tissue be-

tween the vessels; they enlarge slowly in height and breadth and are painless. Microscopic examination shows that the coats, calibre and radicles of the vessels are all hypertrophied and enlarged.

Venous nævi occur as prominent tumors of a purplish hue, smooth or lobated in outline, and somewhat compressible, doughy and inelastic to the touch. They are less exclusively confined to the upper part of the body, and in their structure consist of thin, tortuous and sacculated veins.

The treatment of nævi is purely surgical and electrolysis is now with most surgeons a favorite procedure. Where we have to deal with small tumors internal treatment might be tried before resorting to surgery. Hughes saw a nævus disappear under *Thuya*[12]. *Calcarea* must also be remembered. Bonhof (*A. H. Z.*, 85, 197) gave *Cundurango*[6] in a case of teleangeiectasy, and its administration was followed by inflammation of the diseased spot and then came drying up, taking about three weeks for a cure.

Papillary Tumors.

True papillary tumors are verruca, cornu cutaneum, condyloma and ichtyosis.

Verruca, warts, are a hypertrophy of the papillæ of the cutis and of the cuticle which covers them. Sometimes the epidermis sinks more deeply between the individual papillæ, whereby the surface acquires a lobulated appearance and the wart seems to be formed of several separate parts put together. Warts are rounded, filiform or flat. The papillæ of which they consist are either short or long; they vary in shape and are more or less numerous in each wart. Each papilla is supplied with a single vascular loop or loops, which come near the epidermis covering the papilla.

Warts may be snipped off and their bases touched with nitrate of silver, when they are pedunculated. When

they have a broad base of attachment they may be touched with strong nitric or acetic acid; the latter may be rubbed up into a paste with lac sulphuris. A good application to the warts of children is a mixture of equal parts of dilute hydrochloric acid and muriated tincture of iron. Plumbe advises a small piece of cantharidal plaster to be bound for a day or two on the crown of the wart with adhesive plaster, when it will be found to be soft and moist, with a little ring of vesiculation around its base. It may then be picked off to the level of the skin, when caustic ends the affair.

Helmuth (*Surgery*, 497) emphatically declares that it is never necessary to apply either nitric acid or lunar caustic. Internal medication is the most certain means for the eradication of warts. To accomplish this end the medicines are Calcarea, Causticum, Dulcamara, Natrum mur., Nitric acid, Rhus tox., Sepia, Thuya and Sulphur. He has often succeeded in the removal of warts by giving Calcar.^{3}, two grains every night for a week, and following it with Thuya^{3}, two drops night and morning, and applying Thuya in tincture to the wart at night.

Kafka (*l. c. II.*, 483) remarks on *verucosis*, where larger and smaller warts in great variety form on the hands, that such a state can be removed by the methodical use of Thuya, Nitric acid, Calcarea or Sepia. Begin with Thuya^{3}, a dose morning and evening for hard warts covered with a layer of horny epidermis, and touch, in the morning after washing and at night before retiring, the warts with a solution of Tinct. Thuya dil. 1st. ʒ i., Aq. dest. Spir. vin. āā. ʒ j. The patient must not dry the hands, but must allow the fluid to dry up. Nitric acid suits soft warts covered with a less thick epidermoid layer, but for external use the acid must never be mixed with alcohol, as thus the acid would be chemically decomposed. Sepia suits for large and hard warts; Calcarea for the smaller and softer ones.

Antimonium crud. has cured smooth soft warts, especially on the neck, hands and arms (*O. M. and S. R. v.* 5, 147).

Holcombe (*N. A. J., of H., XIV.*, 17) praises the use of carbonate of magnesia, two or three grains three times a day for a long time, as this succeeded where all external applications failed.

Phytolacca internally and externally has eradicated verucosis, and the warts did not return.

Horns are usually made up of hypertrophied papillæ, each containing one or more vessels, and being covered by epidermis; on section they have a granular texture pierced with small orifices, and when dry, numerous concentric cracks. They are in fact only largely developed warts, and are most common on the hairy scalp, forehead and temples, more rarely on the face and extremities, least often on the body, especially in women; their growth is slow and without pain. The treatment consists in the total removal of the growth at its base, together with its matrix. When this is completely accomplished there is no need of cauterization.

Condylomata are also hypertrophied papillæ covered with epidermis. They are more vascular and softer than warts. They are met with on the inside of the thighs, on the perineum, about the anus, on the glans, or in corresponding situations in the female. They assume a great variety of shapes and depend upon the irritation of the discharges of gonorrhœa or syphilis, together with the natural perspiration, usually occurring in persons of dirty habits. Some of them have broad pedicles, some narrow; they may be cleft many times at their summit (mulberry-like) and are often compressed and flattened by the pressure of two opposing surfaces of skin. Mucous tubercles resemble condylomata in anatomical structure, so that they are called by some authors flat condylomata.

Excision is considered by many writers the only treatment necessary to a cure, but Jahr (*Venereal Diseases*, p.

152) found mere external treatment insufficient and recommends for broad, flat, bean-shaped condylomata, *Thuya*, *Nitr. ac.;* for elevated, cauliflower, raspberry-shaped, *Thuya;* for fan-shaped, *Cinnabaris;* for pedunculate, *Lycop.*, *Nitr. ac.;* for cone-shaped, *Merc. sol.;* for dry, *Thuya*, *Merc. sol.*, *Merc. cor.*, *Lycop.*, *Nitr. ac.*, ; for moist, suppurating, *Nitr. ac.*, *Thuya.*, *Sulph.*, *Euphras.;* for soft, spongy, *Sulph.*

According to their locality, when first manifesting themselves on the *glans*, Nitr. ac., Thuya, Cinnab., Lycop., Sulph.; on the *prepuce*, Thuya, Nitr. ac., Lycop., Merc. cor.; on the *scrotum*, Thuya; on the *anus*, Thuya, Euphr., Merc. cor.

Ichtyosis is a disease characterized in part by a moderate accumulation of epidermal matter, and in part by a hypertrophy of the papillary layer and thickening of the whole corium, with an alteration in the cutaneous glands. The chemical constitution of the epidermic cell is altered; there has been formed an excess of the inorganic ingredients, generally with an excess of fat and a decided trace of iron with phosphate and carbonate of lime, and in some cases silicea (Simon, *Hautkrankheiten*).

The scales of true ichtyosis may be thin and mother-of-pearl colored, adhering firmly in the centre, while the periphery is free and arranged in polygonal patches, (*ichtyosis nacrie of Alibert*) or the epithelial masses are heaped on one another, dark-colored and likewise arranged in polygonal shapes (*ichtyosis simplex*, *serpentina*), or the epidermal growth may form spines, within which the lengthened and narrowed papillæ extend (*ichtyosis hystrix*, *porcupine skin*). The causes of this disease are unknown. In some families it is hereditary. Men suffer more from it than women. Amelioration usually takes place in summer and during the years of puberty, and an aggravation occurs during winter.

The scales turn frequently to a dark color, from dirt and

pigment; the dorsal and extensor sides of the extremities and of the trunk are most frequently the seat of ichtyosis, and it becomes an obstacle to free motion. Sometimes the disease remains limited to small spaces, as the knees or elbows, and forms moderate deposits of dark-colored epidermal cells along the distributions of certain cutaneous nerves.

Slight cases may last for years and not occasion much inconvenience save slight itching. Severe cases of it are incurable, painful, and lead sooner or later to exhaustion, and generally to tuberculosis.

In the treatment of ichtyosis patience and perseverance will be rewarded. Plumbe successfully treated two cases by strapping the affected parts tightly with adhesive plaster, which he then covered with a roller-bandage kept constantly moistened with cold water; the straps were changed every fourth or fifth day. Hebra recommends macerating the epidermis by the repeated use of warm baths, frictions with oily substances, as cod-liver oil; and in more severe cases the green soap is recommended to be methodically applied (*Schmiercur*) and the patient wrapped in woolen coverings. Hunt relies on Fowler's solution internally, and externally he uses pure glycerine mixed with Fowler's solution, diluted if necessary.

Kafka (*l. c. II.*, 481) recommends *Phosphorus* internally and externally, as in acne indurata, as the remedy possesses near physiological relations to induration and hypertrophy of the skin. *Iodine* and *Aurum* deserve also to be recommended. Raue (*l. c.*, 608) mentions Calc. carb., Clemat., Graph., Hepar, Lycop., Petroleum, Plumbum, Sepia, Silic., Sulphur, Thuya. Rubbing with oil and afterwards taking a warm bath is best suited to remove the hard scales. Pratt (*Tr. H. M. S. of N. Y.*, 1870) relates a case of ichtyosis involving almost the entire body, especially the arms, thighs, legs and knees, which latter were covered with thick and horny scales, and cracks

running in all directions. The function of the sebaceous follicles was entirely suspended; scales that fell off were soon replaced by new ones; there was no moisture on the skin. Arsen.[3], three powders a day, and Sulphur[6], twice a day, for about three months, resulting in a complete cure.

There is a condition which has been described under the name of ichtyosis congenita, the whole surface of the body being covered with laminæ of cuticle, loosely adherent to the cutis, which is unaltered. The children thus born have died in a few days. Hebra calls this affection ichtyosis sebacea neonatorum.

Atrophy.

Rokitansky understands by atrophy a removal of the elements forming a tissue without a proportionate replacement of the same, and this occurs either from a lack of formation of a sufficient number of elements or from the loss of more than are formed anew. Neumann (*l. c.*, 301) recognizes a *true atrophy* where the elements have diminished in size or shrunken, and a *qualitative* atrophy where the elements degenerate. *Atrophy of the skin* may take place from the pressure of tumors, rendering the cutis thin, shining and transparent, the lines and wrinkles disappearing; the papillary layer also atrophies and the epidermis finally ruptures, leaving the rete Malpighi exposed. We may also have atrophy of the skin in consequence of chronic cutaneous disorders or after exhaustive diseases like typhus.

The senile alterations in the skin consist principally in a diminution of the tissue of the cutis, which results from a contraction of the same, so that it becomes thinned, and this is generally accompanied with changes in texture which are designated as fine granular degeneration, senile shrinking, vitreous degeneration, etc. These retrograde metamorphoses are in harmony with the disturb

ances of nutrition of old age in general, which depress the whole organism. To the senile changes also belongs a perceptible diminution in the elasticity and extensibility of the skin. (Neumann, *l. c.*, 314).

One of the most interesting atrophies of the skin is the atrophy of the bulbs of the hair of the scalp, which always causes a falling out of the hair (*calvities*, *alopecia*). It may be congenital, accidental or normal (senile). The former is rare; generally downy hair studs the surface and proves the existence of bulbs, though in an inactive state. Second, accidental and partial, as in parasitic diseases, or general, from such causes as lower the vital tone. Third, senile. When the bulbs become atrophied, but do not perish entirely, the formation of hair may not cease entirely, but instead of a natural growth we see only thin, short, slightly curling apologies, known under the name of lanugo.

In alopecia senilis, as well as in calvities præmatura of young persons, the hair begins to fall out just on the crown of the head and on the temples, while that on the back of the head, and the beard, may continue to grow during the whole of life. Kölliker asserts that the falling out of the hair in old age depends upon an obliteration of the capillaries of the hair-papillæ, and on atrophy of the cerebrospinal and vaso-motor nerves; but according to others the follicles merely become smaller and contain downy hairs. Neumann found both the hair-follicles and the root-sheaths shrunken, the cells of the outer at first increased and afterwards diminished in number, or with a fatty degeneration, and surrounding a fine hair whose root is likewise greatly thinned and pigmented, while the sebaceous glands are very considerably enlarged and are located beneath the fundus of the hair-sac. (Parasitic hair diseases will be treated of in the chapter on parasites).

Kafka (*l. c. II.*, 486) acknowledges that all treatment is futile if we wish to accomplish a restitution of the atro-

phied hair-bulbs. In partial atrophy, showing itself by lanugo, he advises to shave off all these little woolly hairs and to rub into the scalp morning and evening some pure Cologne water or a solution of liquid Ammonium caust. (℥ i. to ℥ iiij. distilled water).

Where the hair has fallen out in consequence of severe diseases (loss of vital power) nutrition is at a low ebb, but with a restitution of strength the bulbs may also recover and a new growth of hair appear. For the defluvium capillarum *Calc. carb.*[6] or *Natrum mur.*[6] are valuable remedies which ameliorate the constitutional relations and rouse up the sunken energies. A nutritious diet and fresh air are our best adjuvantia. Where the patients are extremely weak and reduced the use of Cinchona is necessary, and we may also externally apply a solution (Tinct. Cinchonæ ℥ i. aq. dist. ℥ iii.). Where high grades of anæmia should require Ferrum we may also use it externally (Ferrum acet. grs. iii., aq. destil. ℥ iii.).

The premature turning grey of the hair is caused by loss of pigment and has happened suddenly, or it may gradually take place. Landois believes that this disease stands in immediate connection with some affection of the nerves, which, as they frequently exercise a depressing influence on the whole organism, and can thereby produce chronic or acute diseases, may also occasion a disease or a turning grey of the hair. For this turning grey Pfaff recommends Sulphur internally and frictions with the yolk of an egg, which, as is known, contains sulphur and iron. Lycop.[6], Graphite[6], or Hyosc.[3] may perhaps retard this disorder; but Kafka has most confidence in Natr. mur. internally as well as externally, which caused in some cases a restoration of a fine crop of hairs. Hughes (*Therap.* 469) found Phosph. ac. serviceable when the falling of the hair resulted from general or local debility. Where syphilis might be suspected Fluor. ac. may be thought of. In non-syphilitic cases Mr. Hunt leads us to expect great things

from Arsen. Teste promulgates some curious experiments with Aloes, which in the sixth dilution produces and cures falling of the hair in adults. Raue (*l. c.*, 37) gives the following therapeutic hints: *Kali carb.*, with great dryness of the hair; *Hepar*, *Phosph.*, *Sepia*, *Silic.* after chronic headaches; *Kali carb.*, *Nitr. ac.* after nervous fevers; *Phosph. ac.* after great anxiety and grief. Besides these compare Ambra, Ammon. carb., Baryta carb., Calc. carb., Conium, Graphit., Lycop., Natr. mur., Sulphur, Zinc.

French physicians recommend for accidental alopecia to mix a drachm of Tinct. of Phosph. with one ounce of Castor Oil, the bare spot to be rubbed with this mixture three times a week for half an hour each time, after the skin of the head has been thoroughly cleansed with warm water without soap.

Diseases of the Nails.

The nails may also suffer from hypertrophy, atrophy and degeneration.

In the hypertrophy of the nails (*onychogryphosis*) the nails may increase in length and become curved inward, or they may be augmented in thickness. All the nails may be affected or only individual ones; they grow rough and uneven, lose their shining appearance, become separated from their matrix or break into longitudinal or diagonal clefts. According to Virchow we have either large lamellæ of nail heaped on each other, with interstices surrounded by horny layers (medullary spaces), or the whole nail acquires a conical or cubic form. The nail-bed becomes shortened and the nail itself contracted. Finally we have talon-shaped nails, in which the anterior portions crumble away. Nails may even sometimes curve spirally (Neumann, *l. c.*, 285).

Graphite shows among its symptoms a thickening of the finger nails; also Alumina, Calcarea, Mercur., Sabadil., Sepia, Silic., Sulphur.

Atrophy of the nails, accompanied with change of structure, is more common in the toes than in the fingers; the nails lose their lustre and smoothness and do not grow. They seem to be made up of layers lying one on the other, the upper being shorter than the under layer; they are in substance dryer and more brittle. By degrees portions are broken off, and in this way the upper and then the under layers are removed. Before the nail is entirely lost there often remain for a considerable time small irregular fragments near the base of the nail. This condition—another retrograde metamorphosis—is sometimes met with in old people, although it has been observed in young people.

For this *breaking, peeling off* and *splitting of the nails* the study of the following remedies is advised: Alumina, Curare, Graphit., Mercur., Sepia, Silic., Squill., Sulphur; for *falling off:* Antim., Arsen., Helleb., Mercur., Secale, Sepia, Squill., Thuya.

We must distinguish *simple onychia* from the parasitic or malignant form. The former is characterized by the usual symptoms of inflammation, which is commonly set up on one side of the nail, in the angle of the tissue in which it is implanted. There is no discharge of pus, the nail gradually loosens, becomes dark-colored, shrivelled, and finally is completely detached. A new nail soon makes its appearance, but is liable to be badly shaped. Gilchrist (*l. c.*, 297) recommends Arnica, Silic. or Sulphur, and when occurring traumatically, in the absence of any specific taint, he relies on Arnica. Jahr recommends Hepar as almost specific, after which Lachesis acts well; and if ulceration should have set in, Silic. or Sulphur. Where the phlegmonous inflammation attacks the lymphatics and the pains run in streaks up the arm, Rana bufo has often given relief. Fluor. ac. has hardly ever disappointed us in the treatment of simple onychia, externally applied (1 to 20), and the 30th or 200th potency internally.

Parasitic Diseases of the Skin.

Hogg, in his monograph on the "parasitic origin of skin diseases" regards the following as of a fungoid or parasitic origin: favus, trichoses furfuracea, alopecia, sycosis, chloasma; but very considerable differences of opinion exist among authorities as to the part played in certain cutaneous affections by vegetable organisms. Fox and Bennett consider the fungus as a something superadded to the diseased condition, "an eruptive disease plus a parasite." Others, on the contrary, consider the fungus the sole cause of the disease and give a generic name to each fungus (Küchenmeister).

Favus.

Porrigo favosa, porrigo lupinosa, favus dispersus, tinea favosa (achorion Schönleinii).

Prof. Bennett writes: "I believe that the pathology of favus is best understood by considering it essentially to be a form of abnormal nutrition, with exudation of a matter analogous to, if not identical with, that of tubercle, which constitutes a soil for the germination of cryptogamic plants, the presence of which is pathognomonic of the disease. Hence is explained the frequency of its occurrence in scrofulous persons, among cachetic or ill-fed children, and the impossibility of incubating the disease in healthy tissues, or the necessity of there being scaly, pustular and vesicular eruptions on the integuments previous to contagion. But, assuming the possibility of inoculation in healthy persons, it follows that the material in which the vegetations grow, may, at the commencement, in a molecular exudation, be formed primarily or secondarily; that is, there may be want of vital power from the first, as occurs in scrofulous cases, or there may have been production of cell forms such as those of pus and epidermis, which, when disintegrated and reduced to a like molecular and granular material, secondarily con-

stitute the necessary ground from which the parasite derives its nourishment and in which it grows."

Tinea favosa or true favus is characterized by sulphur-colored, dry incrustations of varying thickness, sometimes disposed in the form of cups and sometimes in a more irregular manner. The crusts have a peculiar mouldy odor, somewhat resembling that of mice. It occurs on any part of the skin on which hairs are found, but its favorite seat is the scalp. The crusts are almost entirely composed of fungoid filaments, epithelial scales and broken hairs, have an outer concave and inner convex surface, and are lodged in depressions in the skin corresponding to their thickness. When the crusts stand isolated, the disease is called *favus dispersus*, when confluent *favus confertus*.

The first form of the disease—the favus dispersus (or disseminated)—is the more common, and there is in the beginning an increased production of cuticle round one or more hairs; occasionally there is a small red ring. The hairs thus surrounded lose their glossy character, become dull and are changed in color. A little later, small yellow concretions of the size of millet-seeds appear, attached to the under surface of the epidermic scale around the hair; the hairs become still more changed and are easily pulled out. At first there is no central depression, but a spherical elevation traversed by a hair; this increases in size, maintaining its circular form and assuming a central cup-shaped depression. This cup-shaped mass is an individual favus, whose outer layers are of deeper color than the central ones, which turn pale. The separate favi may go on increasing till they measure half an inch in width. After a time the circular form is lost, the outline becomes irregular, and contiguous masses run into each other, and in this way the whole scalp may be invaded (favus circulaire cohérent). There may be intermingled with this characteristic and peculiar material, spots of blood and pustules. At a later stage permanent baldness ensues

from the destruction of the hair follicle and its papilla; the scalp is then left pale, smooth, shining and rather hard to the touch. In the second form (favus nummularis) the disease attacks circular patches of hair instead of single hairs. The excessive production of epidermic scales is more marked; the hairs, for a short distance up their shafts, are surrounded by them; they are white and form an adherent network of a gummy appearance (favus squamosus, tinea furfuracea).

In a third form the affected parts have not a circular outline, but are irregular and elongated. It seems as if the parasite in this case developed itself upon the shafts of the hairs, on which it forms for some distance a network uniting them strongly to each other. The tendency of the favus masses, when left to themselves, is to exhaust the parts which they affect by destroying the hair. (Hillier, *l. c.*, 257.)

The fungus is the achorion Schönleinii according to most authorities, although Hebra and Hutchinson make all parasitic skin-diseases depend on a single fungus, being led to this opinion from the clinical experience that compresses and bandages used as water-dressings frequently produce favus, herpes tonsurans and even a combination of the two. Neumann considers with Hillier that the achorion is a morbidly altered penicillium, which, by virtue of its great power of acclimatization, is more suited than many other nearly-related fungi to vegetate on the human skin; but the apparent differences in the fungi found on the skin depend almost wholly on the food or nourishment supplied, whether the pabulum contains more or less of a saccharine, albuminous or nitrogenous material, etc.

The general health of favus patients is said to be good, but constitutional symptoms are marked in most cases, and, whenever there is a deranged state of health, we find it associated with enlarged lymphatic glands of the neck or of the mesentery, and lung mischief. Uncleanliness,

bad food, bad living, damp dwellings necessarily exert their influence upon such patients. Hebra lays much stress upon the feature of *dirtiness* as a cause of favus, and observes that this accounts for its rarity among the upper classes of society. The disease is always a chronic one, and cleanliness, good food and fresh air the necessary conditions for amelioration. Favus patients need good food and plenty of fat. Cod-liver oil and iron are therefore favorites in this disease. Locally, the hair must be cut short, the crusts removed by soaking with oil or hyposulphite of soda lotion, or, if preferred, sulphurous acid lotion, or they may be loosened and in chief part got rid of by poulticing. When the scalp is cleansed the hairs must be extracted and parasiticides applied at once, as, for example, of hyposulphite of soda ʒ iii, dilute sulphurous acid ʒ ½, water q. s. ad. ʒ xvi. A certain portion of surface should be cleansed each day, the whole head being meanwhile kept moistened with sulphurous acid lotion. When the number of parasites has been diminished, the air may be excluded by the free use of ointments after a good application of some parasiticide. The after baldness must be remedied by stimulation, though it is impossible in some cases to induce the growth of hair, from the fact that the hair papillæ have been completely destroyed by the inflammatory action set up by the fungus. (Fox, *l. c.*, 432.)

Although Kafka decries all internal homœopathic treatment and relies more exclusively on parasiticidal means, Teste (Diseases of Children, 200) considers the treatment of this affection the triumph of homœopathy. *Sulphur*, *Dulcam.*, *Viola tric.*, *Oleand.*, *Hepar* form the basis of the therapeutics appropriate to the different shades of this exanthem. Sulphur and Dulcam. are especially adapted to the humid form of the disease in children of blonde and fresh complexion. Viola tric. may be alternated with either when the itching is very violent. Oleand. is

indicated if the eruption is characterized by intense itching and by an insupportable nocturnal burning after scratching the head, and if at the same time the mesenteric glands appear to be affected, which is seen in the swelling, hardness and tension of the abdomen, as well as in the stools, which are sometimes hard but more frequently loose and undigested. Hepar sulph. corresponds to cases where the exanthem, instead of being limited to the scalp, extends to the nape of the neck or the face, and to cases also where ophthalmia supervenes, with or without ulceration of the cornea, etc.

As therapeutical hints for the application of other remedies may be given:

Arsenicum. The scalp is found perfectly dry and rough, covered with dry scales and scabs, extending sometimes even over the forehead, face and ears.

Bromine. Malignant scald-head, oozing profusely; in places where the skin is dry, large numbers of flakes are thrown off; extreme tenderness of the scalp; unbearable smell of the eruption.

Calc. carb. Scabs are thick and cover a quantity of thick pus; the scabs are large, even one-half of the entire scalp being covered with a single scab.

Cornus circinnata. Dry and moist tinea. Scrofulosis, with dry spasmodic cough, or tedious chronic cough with mucous expectoration.

Graphites. Exudation of clear glutinous fluid, forming moist scabs.

Lappa major (Arctium lappa). The scalp is covered with a greyish-white crust and most of the hair is gone, the eruption extending over head, face and neck; moist, bad-smelling eruption on the head of children; swelling and suppuration of the axillary glands.

Mezereum. Dry eruption on the head with intolerable itching, as if the head were in an ant's nest. White,

scaly, peeling-off eruption over the scalp, extending over the forehead and temples.

Phosphorus. The denuded scalp presents the appearance of clearness, whiteness and smoothness.

Vinca minor. Spots on head, oozing moisture, matting the hair together; the hair falls out in single spots and white hair grows on it.

Arsen., Baryta carb., Bromine, Calcar., Dulcam., Hepar, Graphit., Lycop., Mercur., Phosphor., Oleand., Rhus tox., Petrol., Sarsap., Staphis., Sulphur, Viol. tric., have cured some obstinate cases, where even depilation failed to eradicate the disease.

Tinea Tonsurans.

Porrigo scutelata, Trichoses furfuracea, Herpes tonsurans, ordinary ringworm of the scalp. Parasite, Trichophyton tonsurans.

Hogg (*l. c.*, 46) is convinced that ringworm, as well as favus, is due to a deranged state of health, and does not originate in the epidermis, nor in the hair, but in the organs of secretion. The vegetation is a secondary product, and therefore, if attention be paid to the general health and constitutional treatment resorted to, the most inveterate case of ringworm can be cured. *Good air, good food and tonics always starve the parasite*, and the soil in which it grew and flourished no longer nourishes it; the eruption gradually disappears and the hair resumes its healthy growth.

Tinea or herpes tonsurans occurs amongst the rich as well as the poor, and is seen not uncommonly in the lower animals, where favus is rare. It has many points of analogy with favus: like it the disease cannot exist without the presence of a parasitic growth; it is contagious, but will not occur in every person exposed to the contagion; it is also a chronic disease, its most intractable symptoms being dependent on the changes effected by the plant in

the hairs and the parts concerned in their formation; like favus it may occur on the body or limbs as well as on the scalp, but is most difficult to cure when it attacks the hairy scalp.

Neumann (*l. c.*, 429) gives three forms: First, *herpes tonsurans vesiculosus*, which appears in the form of small, punctate vesicles, with clear contents, arranged in a circular form, which dry a few hours after their appearance, leaving small, thin scales and crusts. New vesicles are continually formed in the immediate neighborhood, and in this way the disease extends peripherally, so that the circumference is formed of vesicles and the centre of thin scales. Sometimes several of such circles join together, and, if the eruption disappears at the point of contact, we may have serpentine lines, as in psoriasis. Second, *herpes tonsurans maculosus* takes the form of pale-red spots, having a small, whitish scale in the centre; they increase peripherally while they pale in the centre, thus presenting a picture similar to erythema annulare. Third, *herpes tonsurans squamosus*, which is the last stage of the two former when occurring on hairless parts, is in the form of scales, mostly arranged in circular shapes.

Herpes tonsurans on the scalp presents the following changes: The hairs fall out or break off on circumscribed spots, and the scalp becomes covered with thin scales or crusts which come off easily. The fungus is found both between the cells and the epidermis, and also in the hairs and the root-sheaths. The hair becomes lustreless and brittle, loses its elasticity, and appears filamentous at the point of fracture.

The causes operating on the development of herpes tonsurans are various. Heat and moisture are favoring elements; we therefore frequently find the disease after long continued use of moist compresses, especially when they have not been kept very clean. The wet cloths so frequently employed around the region of the stom-

ach and loins by hydropaths, produce ringworm, and frequently ulceration ensues after a protracted use of such bandages. This disease is frequent in children and sometimes all the pupils of an institution will be affected. Damp dwellings and the wearing of linen not perfectly dried, are common causes, and as a rule, in the dwellings of such patients, we find a growth of mould elsewhere, as on garments, boots, etc.

The observation of Hebra has been confirmed that herpes tonsurans and favus can be produced by one fungus, and that the penicillium. Hallier also considers the trichophyton as a moniliform arrangement of the spores of penicillium, a product of the dust fungus of the mildew (ustilago).

Herpes tonsurans will disappear with the use of the following means, even when it has existed for a long time. In slight cases the affected spots are caused to vanish entirely by vigorous friction with potash soap (Schmierseife). If the disease is very extensive, we will succeed more quickly by rubbing on the soap and allowing it to dry upon the skin. We may also obtain success with the spiritus saponis alkalinus. If the herpes tonsurans has lasted long and there is infiltration in consequence, tar should be applied to the affected parts after the friction. Washing with benzine, solution of borax, petroleum, balsam of Peru, or with a weak solution of carbolic acid, gives good results (Neumann, 431).

Hogg on the contrary directs particular attention to the general health, employs a tonic regimen, and the irritation and eruption speedily disappear.

Fox (*l. c.*, 435) refers to three things as necessary for a cure: First, to alter the soil so as to render it less suitable to the growth of the parasite. Second, to destroy the parasite. Third, to remedy the consequences of the attack of the parasite. As regards the soil, we find that ringworm attacks most frequently children of a lymphatic tempera-

ment, children who are at least thin, fair and pallid. They are in the habit of taking very little fatty matter with their food, or, if taking it, assimilate it badly. We must therefore remove this dyspeptic condition and hepatic torpor. Plenty of fresh air, extreme cleanliness and other hygienics (meat and milk diet) have to be attended to. The digestive organs must be put in good working order, so that the cod liver oil can be digested. To attack the parasite, the hair must be cut short, and as many as possible of the diseased hairs removed by epilation, although this involves trouble and takes time. In all cases the head should be well washed with mild soap two or three times a week. In severe cases the ordinary vesicating fluid ought to be brushed lightly over the patch, and when it begins to smart, dried off with blotting paper. If much irritation, pain or swelling follows, a poultice may be applied for an hour or two. This procedure may be repeated every three, four or five days, until in fact we get rid of all hairs visible to the naked eye which look diseased.

Hughes (*Therapeutics*, 462) treats ringworm of the face with *Sepia* or *Tellurium*, and hardly ever fails to cure it speedily thereby. Toothaker (*l. c.*, 155) recommends Calcar., Caustic., Clemat., Mangan., Nitrum, Rhus tox, Sepia, Sulphur, and remarks that in the treatment of the different varieties proper attention should be given to the condition of the various secretions and functions of the body, as well as to the constitutional and other dyscrasias, upon which the proper selection of the remedy is always more or less dependent.

Tinea Decalvans.

Porrigo decalvans, alopecia areata. Parasite, Microsporon audonini.

Tinea decalvans is considered to be of a non-contagious nature, although persons living under the same roof and

the same unfavorable conditions of health are often seen to be affected at the same time. This alopecia always appears in isolated patches, and the denuded spots are left clean and polished and of a marble whiteness. Although it may begin in the head, it commits strange vagaries, inasmuch as it moves about, leaving a spot in the whiskers bare, and passing on to the eyebrows, where another spot is denuded. The progress of alopecia is frequently rapid, and occurs in children and adults. It is an evidence of lowered vitality when the cutaneous surface very readily proves to be a congenial soil for the growth of a parasitic vegetation (Hogg, *l. c.*, 48). The hairs around the bald patch are more or less dry, come out readily, and are seen to be bulbless and tapering at their roots towards a point. Under the microscope, in some instances, at intervals on the shaft are collections of minute spores, and also in the little masses of epithelium that stick to the hair. In parasitic alopecia the hair follicles are visible, there is not any diminution of sensibility more than is due to the inactivity of the follicles, and there is often antecedent erythema with concomitant scaliness over the bald patch, whilst the loss of hair is in strong contrast to a vigorous growth—often of dark black hair around—on a head with a good crop of hair.

Fox (*l. c.*, 462) blisters all patches that are rapidly on the increase with blistering fluid, pulls out a few hairs around the patch, if they are at all loose, and then rubs in for ten days or a fortnight bichloride of mercury ointment (gr. ii. to ʒ i.), and finally stimulates with Nux vomica, cantharides ointment or lotion. Internally he prescribes iron, cod liver oil, bitters, etc., as the special nature of each case may require. Hogg saw it readily cured in young persons, indeed susceptible of a spontaneous cure, but obstinately persistent in the adult. He considers Arsenic one of the most efficient remedies, and in most cases its use has been attended with excellent results.

Among remedies homœopathic to tinea decalvans we may study the following:

Aloes. The hairs come out in lumps, leaving bare patches; eyelashes also fall out; patient suffers from frequent headaches.

Arsenicum. Bald patches at or near the forehead. The scalp is covered with dry scales or scabs.

Vinca minor. The hairs fall out on single spots, and white hairs grow there.

Jahr (*Clinical Guide*, p. 194) mentions: When the hair falls off on the *sides of the head*, Graphit., Phosph.; on the *sinciput*, Arsen., Natr. mur., Phosph.; on the *vertex*, Baryt., *Graphit.*, Lycop., Sepia, Zinc.; on the *occiput*, Carb. veg., Petrol., Phosph., Silic.; on the *temples*, Calcar., Kali carb., Lycop., Natr. mur.; for *some places getting bald*, Canthar., Jodium, Phosph. Some physicians of our school recommend the outward application of tincture of phosphorus, gtt. iii. to ʒ xvi. distilled water.

Tinea Sycosis.

Sycosis menti, Mentagra. Parasite, Microsporon mentagrophytes.

Willan describes sycosis as an eruption of inflamed but not very hard tubercles, occurring on the bearded portion of the face and on the scalp in adults, usually clustering together in irregular patches. The disease commences slowly; at first small red pimples are seen about the chin and in the beard; these gradually increase, and running together break, and a yellowish watery discharge exuding mats the hairs; in a short time the pustules increase, coalesce and form crusts that much resemble the inside of a fig, from which circumstance it derives its name. The disease is inclined to become chronic and attacks other portions of the body, especially those parts freely supplied with sebaceous glands. It is known also to attack the eyelids and cheeks of females as well as males.

Neumann (*l. c.*, 435) wishes us to differentiate between the parasitic form (*herpes tonsurans barbæ*) and the non-parasitic form (*folliculitis barbæ*). In parasitic sycosis the hairs are first affected, while in the ordinary form they do not alter until afterwards, that is, when the exudation into the follicle has become purulent. The seat of the *tubercular trichomycosis* is at first the same as in simple mycosis, and does not extend deeply into the skin until later, and rarely into the subcutaneous cellular tissue; the tubercles are distributed over the chin, cheeks, upper lip and submaxillary region. In *simple sycosis* the hair-follicles and corium are involved and the subcutaneous tissue afterwards takes part in the inflammation. Ordinary sycosis may remain confined to one spot for months or years, while the parasitic variety makes rapid progress. He considers epilation absolutely necessary. Fox and Anderson also consider epilation and the consequent use of parasiticidal lotions the only means for its eradication. Hogg on the contrary admits sycosis menti to be a constitutional affection, even a neglected dyspepsia will greatly aggravate or prolong the disease, and considers, therefore, local applications as rarely of any use. The glandular structure of the skin is an important element in modifying and changing the aspect of the disease.

Kafka (*l. c.*, II., 463) recommends, after cutting off the hairs, epilation and softening of the pustules and crusts with oily rags. He gives internally *Mercur. præcip. ruber*[2], a dose morning and evening, and uses a mild ointment of red precipitate on the sycotic places. As often as fresh tubercles or pustules arise, epilation must be repeated, and the internal and external use of the red precipitate must be continued till every tubercle and pustule is cured and no relapse takes place. In sycosis ciliarum the same treatment is indicated, even when there are already ulcers on the edges of the eyelids.

Treatment will be found more difficult and tedious

where infiltration has already taken place and where the tubercles stand closely together. Epilation is also here necessary, as we thus destroy the purulent focus at the bulb, but it is more painful and can only be performed gradually on account of the danger of erysipelas. After epilation the phosphorus liniment (Spir. Phosph. dil. ʒ i., Ol. amygdal ʒ i.) must be rubbed in two or three times a day and *Phosph.*[3] taken twice a day. Where crusts are present between the tubercles they must be softened with oil, and in order to keep every thing clean and neat ablutions with soap every morning are advisable.

Baehr (*l. c.*, II., 505) considers "tolle causam" the first indication. If no amelioration follows after some time, he relies on *Graphit.*[4] or [6], which cured several cases. *Acid. nitr.*, Silic., Oleand., Carb. an., Aurum mur. have been recommended, but have failed to afford the expected relief. He recommends after epilation Hebra's treatment, to rub into the affected parts a paste of Sulphur, Glycerine and Alcohol. Hughes (*l. c.*, 468) mentions that in one case Tart. emet., externally and internally, was curative after the failure of Thuya and Antimon. crud.

Toothaker (*l. c.*, 177) regulates his remedies in accordance with the general health and condition of the patient If these conditions correspond, Cicuta and Silic. may be given with hope of effecting a cure. Next to these, Antim., Arsen., Graphit., Hepar, Lycop., Sulphur, etc.

Tinea Versicolor.

Pityriasis versicolor, Chloasma. Parasite, Microsporon furfur.

Chloasma often commences as little erythematous points, attended by itching, which is increased by warmth of all kinds. By and by we meet patches of a fawn color, which are slightly elevated, dry, rough to the touch, somewhat scaly at the edge, and from which branny scales can be rubbed off. They are chiefly met with on the parts cov-

ered with flannel. It is especially common on the front part of the chest and abdomen. If the scales be examined, their under surface will be found studded with little collections of spores arranged in heaps, and mycelial threads freely interlacing. The minute hairs of the part are more or less infiltrated and the fibres split up. It extends peripherally, and sometimes heals spontaneously in the centre while it progresses on the circumference, thus forming a circinate eruption. It is essentially a disease arising out of a deranged or low state of health, although some dermatologists look upon it as a superficial chronic inflammation of the skin, especially in persons who sweat a great deal, seldom bathe, and wear tight-fitting underclothing which are changed at long intervals.

Tonics, regular living, good diet and change of air will effectually cure the disease. Fox (*l. c.*, 466) recommends first of all to have the parts washed with yellow soap, then sponge with a little weak vinegar and water and apply freely a lotion composed of four or six drachms of hyposulphite of soda and six ounces of water. A hyposulphite bath once or twice, if the cure be obstinate, will aid us in the eradication of the parasite.

Tinea Marginata.

Tine circinata, Eczema marginatum, Erythrasma. Parasite, Tricothecium.

Eczema marginatum is often only a modified form of herpes tonsurans. It may be defined as circular patches of inflammation, induced by the growth equally in all directions of the parasite *upon the surface of the body*, and varying in severity according to the degree of luxuriance of the fungus and the degree of susceptibility of the skin of the attacked to inflame. Males are more subject to this disease than females, and it is found on the genitals, on the inner surface of the thigh, on the abdomen, around the anus, sometimes in the axillæ and also on the legs of infants

who are wrapped up. It appears in the form of brownish-red circles and segments of circles, spreading peripherally, partly in an elevated border and partly with the formation of papules and vesicles, and which in the meantime heals in the centre. The longer the disease lasts the more is the skin thickened and infiltrated, and the more numerous are the scales on the periphery and the yellowish or brownish-red crusts resulting from scratching.

An uncommon form of tinea circinata is that which consists of one or several large more or less circular or oval patches, often seated about the back of the hand or the front of the wrist, which have the aspect of eczema but without the infiltration and the free crusting, but with a well-defined edge, and particularly itchy.

Where the disease has been transmitted from the horse or the calf to man, the diseased surface appears to be studded over with pustules in connection with much swelling of the patches.

Eczema marginatum is tinea circinata occurring about the fork of the legs, and modified in aspect in consequence of the presence of heat and moisture in exceptional amount and the luxuriant character of the mycelium of the fungus. The disease begins as a red, scurfy, itchy spot, generally near the junction of the thigh and scrotum; as it increases in extent it festoons down over the thighs, the edge being well defined and often papular, the centre fading and assuming a brownish hue and giving off scales on scratching. The disease may spread to the pubic region, the axillæ and the hairy part of the chest. (Chinese, Burmese and Tokelan ringworm are only different species of one and the same disease.)

In the treatment we must be prepared for the obstinacy of the disease, especially in those cases where the patient must continue his business. A rapid cure can only be obtained when we can keep the patient in bed and protect the scrotum from contact with the thigh. The parts

are rubbed with sapo viridis or spiritus saponis alkalinus, or in milder cases with a solution of carbolic acid in alcohol; they are afterward tarred or covered with the unguent. diachylon alb.; a suspensory bandage must be worn for a long time after the cure and the parts often dusted with starch to prevent the frequent recurrences of the disease (Neumann, *l. c.*, 443). Fox (*l. c.*, 457) always noticed the existence in such cases of a condition of system certainly not of good health. The attacked are perhaps pale or debilitated, or there are faults as regards hygiene or diet. Such a condition is to be met by remedies specially adapted to the lymphatic temperament, and sponging with hyposulphite lotion should be used to the parts of the skin around the diseased arena (℥ v. or vi. ad ℥ vi. of fluid), directing patients to use soap and water freely before applying this lotion, in order to get rid of the greasiness of the skin, which repels the watery solution. Linen rags soaked in the lotion should be kept applied night and morning for at least an hour at a time, covered over with oiled silk.

On account of the lymphatic constitution, Jahr recommends Arsen., Aurum, Baryta, Dulcam., Ledum, Phosph., Petrol., Sarsap., Sulphur.

Kafka (*l. c.*, II., 447), acknowledging the obstinacy of the disease, recommends the steady and methodical application of Rhus tox., Sepia or Graphit. In one very obstinate case a cure was at last accomplished by the internal and external use of Iodine (Iodine gtt. ii., aqua dest. ℥ ii., Iodine[3] two doses a day). Tepid baths aid in the eradication of the disease. Where the itching at night is unbearable, with sleeplessness, Sulphur[6] or Arsen.[3 6] may procure relief. The chronic eczema ani finds a simile in Nitr. ac.[3] or Carb. an.[6].

Bæhr (*l. c.*, II., 522) considers Staphysagria a great remedy in eczema marginatum; also Rhus tox., Carb. veg., Graphit., Sulphur, Lycop.

Tinea Tarsi. Parasite, Trichophyton.

In the scabs and pustular discharges of patients suffering from tinea tarsi, the spores and filaments like those of puccinia favi are found, with epithelium scales and pus-like granules. A vast number of poor children from the dirty, over-crowded tenement houses suffer from it; also persons who habitually indulge in strong drinks and eat unwholesome food. The disease may remain confined to the eyelids or become associated with pustular conjunctivitis. The hypersecretion of the Meibomian follicles becomes a morbid product and destroys the cilia; the eyelashes drop out. At a later period the edges of the eyelids are covered over by dark-looking pustules and scabs, in which, among children of the poor, even pediculi are sometimes found. In the chronic form of the disease a turning down and thickening of the eyelids completes the miserable picture: the patient is then said to be blear-eyed.

Tonics, cod-liver oil, good food and cleanliness are the remedies chiefly to be relied upon.

Amm. carb., Baryt. carb., Calc. carb., Lact. have purulent mucus in the lids; pustules and vesicles we find under Lycop., Mercur., Hepar, Rhus tox., Sepia.

Hepar. Inveterate blepharitis with purulent secretion, pimples around the eyes and eyelids, nightly agglutination.

Mercurius. Chronic blepharitis; purulent ophthalmia with copious discharge; pustules and scurfs around the eyes and on the margins of the lids.

Nux vom. The canthi are redder than the eyes; nightly agglutination; aggravation in the morning and after meals.

Sulphur. Chronic scrofulous ophthalmia; pustules, ulcers and scurfs around the eyes and on the lids.

Thuya. Frequently repeated scrofulous ophthalmiæ; potbelliedness of children.

Tellurium. Scrofulous ophthalmia, particularly inflammation of the upper eyelids, accompanied with lachrymation and itching and pressure in the lids.

Mycatoma. Parasite, Chionyphe Casteri.

The Madura foot, fungus foot of India and South America, morbus tuberculosis pedis.

Fox (*l. c.*, 469) describes it as a marked swelling of the affected part—generally the foot, though it may be the hand or even the shoulder—which is studded over with little soft buttony elevations about the size of a pea, having a central aperture leading into a sinus, discharging black and white pustules with thin sero-purulent fluid. The soft parts of the foot are swollen, but the muscles are degraded and wasted, so that it is difficult to recognize them. Amputation of the part affected is the only treatment.

Dr. Ch. McQuestin, of San Francisco (*Pacific Med. and Surg. Journal*, April, 1874), treated, during his residence in Mexico, several cases of fungous disease of the foot. The characteristics of the diseased parts consisted in a swelling and induration of the integuments and a fungous growth sprouting out from innumerable apertures at the top, bottom and sides, the top of the foot being more thickly covered with the fungus than the other parts while the toes were free from the disease. The sinuses communicated with the bones and discharged a viscid secretion. After amputation the patients rallied quickly, although they were extremely emaciated when entering the hospital.

Onychomycosis.

Onychia parasitica. An affection of the substance of the nail, produced by fungus, and presenting the following appearance: the nail generally assumes the shape of a claw curved over the end of the finger, and ends anteriorly in a thickened extremity. Its surface becomes rough and uneven, the color dirty-yellow, and the whole nail is readily movable in its bed. We also find transverse fissures of more or less light color, and yellowish spots in the centre and on the under surface. The nail flakes off

readily and is shed in crumbling masses. The nails may appear parasitically affected, as a complication in several of the varieties of tinea already described (favosa, tonsurans, circinata, decalvans), or may exist as an independent condition. In the former case it would seem that the crusts or scales get beneath the nails from frequent scratching of parts thus affected, and that the fungous elements, finding there the proper condition for their development, penetrate the nail-substance, whereby the latter is loosened and suffers the alterations described. Both the powdery and crumbling masses, as also fine sections of the yet dense substance of the nail, show chains of conidia, with clearly marked nuclei and here and there free cells. This condition of the nail may not only be produced in the persons suffering from tinea, but also in those who attend to the head of children affected with ringworm.

The usual treatment consists in scraping off some of the loose lamellæ of the nails, then apply every second or third day some strong acetic acid to the seat of the change, the whole nail area if necessary, taking care not to make the matrix too tender, and then keep the nails soaked in a solution of hyposulphite of soda (ʒ iv. to ʒ vi.) water. Perseverence with the lotion will certainly cure the disease. Local baths of caustic potash and corrosive sublimate (gr. ii. to ʒ i.) and repeated frictions with turpentine are also recommended.

For the homœopathic treatment we refer to Dr. Hering's *Analytical Therapeutics*. Where it appears as a complication, the treatment of the original disorder will also remove the malignant onychia; but where it appears independently, we would rely on *Natr. sulph.* for living in damp dwellings or workshops, pale appearance, tired in the morning with a dull headache, loss of appetite, chilly and feverish in the evening, a blister on the ungular phalanx, followed by a deep red swelling, festering at the

root of the nail, great pain, more bearable out-doors than in the room.

Sepia. With such as have tetters, felon changing hands, throbbing, shooting pains, sleepless.

Graphit. Superficial inflammation mostly at the root of nail; violent burning, throbbing, then suppuration; often open proud flesh.

Hepar. Last joint hard, red and swollen, lymphatics inflamed, lump in axilla; sensitiveness to touch and cold.

Plica Polonica.

Plica Polonica is in reality not a parasitical disease, but a peculiar felting of the hair, the result of neglect and uncleanliness, in connection with which fungi may accidentally occur. The disease is usually confined to the head, but is sometimes met with on the chin, in the axillæ and on the pubes. There is pain and great tenderness of the scalp, which bleeds at the slightest touch. Hebra considers it not a distinct disease but an eczema or other skin affection much neglected; the adherents of the fungoid theory on the contrary consider plica polonica originating in the presence of fungi from long-continued uncleanliness. The treatment is that of tinea favosa, and internally the remedies indicated for the general state of health.

Myringomycosis.

Otitis parasitica is the name given to the presence of the fungus aspergillus nigricans or flavescens, as also the graphium penicillioides in the external. The parasite is located deeply, and may exist for years without exciting any morbid phenomena. (Gruber.)

Mycosis vaginalis

refers to a pruritus dependent upon the vegetation of a parasite upon the mucous membrane of the vagina. The fungus is either the leptothrix vaginalis or vidium albi-

cans, and can be transferred from one person to another by means of vaginal examinations, and may even excite an affection of the nails in the obstetrician: *i. e.*, the disease is contagious (Hausmann). A weak solution of sulphate of copper will destroy the parasite and cure the disease (Neumann, *l. c.*, 445).

Animal Parasitic Diseases of the Skin (Ectozoa).

Scabies.

Scabies, the itch, is an artificial eczema, occasioned on the one hand by the irritation of the *acarus scabiei* (sarcoptes hominis) and on the other by the scratching nail. The itch-mite is about $\frac{1}{60}$ to $\frac{1}{70}$ of an inch in length, just visible to the naked eye. By living in the skin of man it produces the disease known as the itch. The animal is tortoise-shaped, the head distinct from the trunk, with four pairs of jaws, eight legs, four in front and four behind; in addition to the legs there are long bristles. The male differs from the female in appearance as to the bell-shaped suckers on the ends of the legs, and also is not so large. The acarus lives in the skin, in little passages dug by itself, or just beneath the epidermis. These passages extend through the deeper layers of the epidermis, down to and into the true skin or rete mucosum. The acarus moults three times, not however specially changing in form; the eggs are oval in shape, quite large for the size of the animal, and may be laid by the female to the number of fifty. The acarus is an air breather, and one of its peculiar instincts is the provision it makes for ventilating its dwelling-place.

An acarus, when it gets on the skin, crawls till it finds a suitable soft place, when it tips up on its fore legs and commences to work its way in. The female as it progresses lays its eggs in the burrow, and when exhausted dies; the eggs will be seen in a regular row behind the female in the burrow. These canals which

the female acari make have generally a serpentine form and are from $\frac{1}{12}$ to $\frac{1}{4}$ of an inch in length, and we find the mother itch-mite always at the blind end of the burrow, where it dies. Around and beneath the burrow we find papules, vesicles and pustules, in proportion to the duration of the disease and the susceptibility of the skin. From the irritation caused by the acarus on the papillary layer and the young acari on the surface, we have the feeling of itching, in consequence of which the parts are scratched, the furrows laid bare, and the acari set free. The mite needs a delicate part of the skin to dig into—between the fingers for instance—and here the peculiar-looking burrows are fast sought for. In these parts the disease is first seen as solitary vesicles, and then it travels to the front of the forearm, the belly, thighs, and especially the upper line of the penis. Intermingled with the vesicles are papules and often ecthymatous spots, produced as a consequence of the scratching, whilst linear abrasions and cicatrices are likewise found.

The acari may attack any portion of the skin, especially such parts as are much accustomed to pressure. In infants the larger number of burrows are found on the breast, abdomen and extremities, and on the face and even the scalp, because all these parts come in contact with the nurse and may be infected from her.

Fox (*l. c.*, 420) gives the following diagnostic points: First, absence of febrile disturbance; second, absence of rash from the face and head (as a rule) and its absence from the posterior surface of the arm or body; third, the seat of the eruption, where the cuticle is thin; fourth, the isolation of the vesicles and their pointed shape; fifth, the multiformity of the eruption, namely, the intermingling of papules, vesicles, pustules, scabs, and even small ulcers; sixth, the itching at night and the peculiar linear scratches made with the nails and fringed with dried blood; seventh, the cunniculus or burrow; eighth, the

evidence of contagion or the existence of the same disease in a house or a family—it is in children that the greatest mistakes are made, simply from the want of knowing that scabies does not prefer their hands and arms but their feet and buttocks—ninth, the presence of acari among the crusts.

Most dermatologists consider external treatment sufficient for the removal of the acarus, and thus for the cure of the itch. The long-continued application of warm water and soap to the skin swells up and softens the skin and renders it easily scraped or rubbed off; therefore a person suffering from itch must first thoroughly soak himself in hot water and rub all parts of the body which are the abodes of the mites with the strongest soft soap; the more delicate the skin the shorter the time required. Next the common sulphur (*styrax*, *Peru balsam*) ointment must be rubbed thoroughly over the body. This is fatal to the itch-mite, already exposed in whole or part by the burrows being broken down by the soft soap and water. If it does not produce too much irritation the ointment may be left on over night and removed by a hot bath in the morning. If one such application does not suffice it must be repeated.

Wilson (*Lectures on Dermatology*) writes that, as the cause is local and as the art of curing disease is the removal of the cause, we shall have no need of internal treatment in scabies, but may confide in some of the well-known means of destroying the life of the animalcule and its ova. The acarus is highly and even painfully sensitive to the lethal influence of certain substances, among which, first on the list is sulphur, another is stavesacre, styrax, and so on. The acarus is an air breather, and fats and oils are known to suffocate air-breathing animalculæ by getting into their spiracles and obstructing the apertures through which they receive air; hence, greasy substances alone are natural cures of itch. Wilson requires his patients to wash the whole body night and morning with

sulphur soap, to use sulphur soap to the hands for ordinary ablution instead of common soap, to rub a little sulphur ointment thoroughly into the hands, the wrists, and between the fingers at bed-time, and at the same time to smear a little of the ointment on any part of the body where there may be itching. There is no occasion to suspend the ordinary associations and avocations of the patient. The quantity of sulphur ointment required for the cure of scabies is marvellously small, and its odor may be covered by a few drops of the essential oil of chamomile, which is also an acaricide. It is important that ablutions should be rigorous in respect to all articles of clothing admitting of washing, and woollen garments must either be laid aside for awhile and sprinkled with sulphur or submitted to the action of a high temperature.

Teste (*Diseases of Children*, 184) prescribes for the itch, *Lobelia inflata* and *Croton tiglium*, administered alternately, and continued seven or eight days after the complete disappearance of the exanthem. The *tincture of sulphur* should be used only in case of consecutive ulcers, with or without loss of substance of the skin, and then its use should be preceded by that of the two medicines which are mentioned as specifics for the itch. Lobelia[6] should be given in water, three teaspoonfuls the first day, Croton[12] the next day in the same manner, and so on, every alternate day. The total duration of the eruption in ordinary cases will not be prolonged beyond a week.

Raue (*l. c.*, 627) remarks (and is here in perfect accordance with the allopathist, Hogg) that all parasites, no matter whether animal or vegetable, can grow only upon a suitable soil; if this soil be made insupportable to them they die or leave, and this is as good as killing them as regards getting rid of the intruders, and it is infinitely better for the patient, as by this means the organism is not injured but rather brought into a healthy state.

Arsenicum. Inveterate cases; eruption in the bends of

the knees; pustular eruption, burning and itching; better from external warmth.

Carbo veg. Eruption dry and fine, almost over the whole body; worst on the extremities; itching worse after undressing; dyspeptic symptoms, belching of wind, and passing flatus; after abuse of mercurial salves.

Causticum. After abuse of sulphur or mercury; yellowish color of the face, warts in the face; involuntary discharge of urine when coughing, sneezing or walking; sensitiveness to the cold air.

Hepar. Fat, pustular and crusty itch; also after previous use of mercury.

Mercury. Fat itch, especially in the bends of the elbows.

Psorinum. Inveterate cases, with symptoms of tuberculosis; also in recent cases with eruptions in the bends of the elbows and around the wrists; repeated outbreaks of single pustules after the main eruption seems all gone.

Sepia. After previous abuse of sulphur; itching worse in evening; especially in females.

Sulphur. Main remedy; voluptuous tingling, itching, with burning and soreness after scratching.

Sulph. ac. When itchiness of the skin and single pustules appear every spring, after imperfectly cured itch.

Jahr (*Clinical Guide*, 286) recommends for *dry itch* Mercur. and Sulphur alternately every four, six or eight days, until an improvement takes place or the symptoms change; these new symptoms generally indicate Carb. veg. or Hepar, provided it is the dry itch, or Caustic., if a few pustules should have supervened. The symptoms which remain after Carb. veg. or Hepar. frequently yield to Sepia or Veratr. For *pustular itch* give first Sulphur and Lycop. alternately, as above. If the itch should become drier, give Carb. veg. or Mercur. Give Caustic. once a day if Sulphur or Lycop. remain without effect. If Caustic. should not produce a change in two or three days, give a dose of mercury every forty-eight hours. If ulcers

should form, give Clemat. or Rhus tox.; if the pustules should change to large vesicles of a yellowish or bluish color, give Lachesis.

Bæhr, Hughes and Kafka, certainly three standard authorities, resort to the sulphur ointment as the most effective mode of destroying the itch-mite. Hughes generally uses Sulphur internally also as being thoroughly homœopathic to the eruption, and recommends the study of Croton and Hepar. Kafka uses Nux vom.[3], Lycop.[6], or China[1], where the patient in consequence of the long duration of the itch looks cachectic, emaciated, and becomes dyspeptic and melancholic. External treatment ought to be very cautiously applied in patients suffering from tuberculosis or heart-disease, as it may produce congestion to the lungs or heart, and thus cause hæmoptysis or important disturbances of the circulation. During menstruation, pregnancy or the puerperal state, no external treatment is advisable, inasmuch as the hot baths as well as the sulphur inunctions might produce hemorrhage or abortion.

Prurigo Contagiosa.

Army itch; camp itch; ground itch; prairie itch.

Jeffries, in his work on "*Animal and Vegetable Parasites*," p. 50, remarks, that not only the army itch, but also the so-called seven-years' itch, Jackson itch, *et id omne genus*, are all due to the presence in the skin of one and the same animal, namely the acarus scabiei. During the march and in the field, soldiers have no opportunities for personal cleanliness, so as to prevent the contagion of the itch disease, and therefore it spreads with great rapidity by contact, and the effects of the mite's presence in the skin become severe.

Searle (*U. S. M. and S. J.*, Oct., 1867), on the contrary, gives the following symptoms: Prurigo contagiosa appears in the form of minute papules, sometimes white, like those of prurigo, and sometimes with the pinkish

hue peculiar to lichen. Like the former its favorite seats are the neck, shoulders, back and outer surface of the limbs. It is rare in the face, unless in severe cases, and almost always spares hands and feet. In the course of a week after exposure to the disease, the patient on retiring at night is annoyed by an intense and persistent itching, aggravated by scratching and by the warmth of the bed. In severe cases there is with the itching a sense of formication, as if insects were crawling over the surface and stinging it, or as if the skin were pierced with hot needles. As the apex of each papule is removed, a little blood exudes and forms a blackish crust or scale, beneath which is a minute red point. In cases of long continuance, large surfaces become abraded and form suppurating sores, reducing the patient to a condition of absolute wretchedness.

Dr. Searle has so far failed to detect any parasite even with a powerful hand-glass, and opposes the parasitical origin of the disease, because parasiticidal means have failed to remove or suppress the disease, and because it is speedily curable by purely internal treatment. He considers it of malarious influence, (but is not malaria a fungoid disease? S. L.) which influence impresses the cutaneous nerves and generates a contagious excretion in the manner already pointed out.

A woman took a few baths of yellow dock and was cured. Since then the internal use of *Rumex crispus* has been tried with unwonted success, and Searle considers it the true specific for this horrible plague.

Dr. Rowsey, in his prize essay on prairie itch (*U. S. M. and S. J.*, July, 1867), gives for this eruption the same habitats as we find in scabies, but says it differs from the latter by the exceedingly acrid and irritating fluid which the vesicles always contain. Nausea and headache, with slight fever, sometimes precede the eruption (scabies is always an afebrile disease). During the progress of the

eruption there exists dryness and heat of the fauces, mouth and lips. As the malady progresses, the whole economy gradually becomes more and more involved. The tongue assumes a dirty yellow coating, and is very dry in the morning. Eructations become frequent; headache is often constant. The conjunctivæ look congested and muddy. The appetite is variable, bowels constipated, and there is often an excessive secretion of very pale or reddish-brown urine, sometimes with, but often without deposit. The urine is strongly alkaline, and this reaction keeps pace with the eruptive disorder. Deep-seated aching pains in the lower extremities, as if in the bones, are sometimes very troublesome, and are usually very hard to remove. The entire glandular system is primarily affected in this disease. Although an intense itching is one of the most prominent characteristics of the disease, it is not a true skin disease (or neurosis of the skin). A specific toxic cause has altered and vitiated many of the secretions, and their elimination by the skin and kidneys begets this annoying affection. After vomiting or some marked derangement of the stomach, the itching becomes for a while almost unbearable. He recommends hot baths and strong country soap, and the best local application, judging from the rapidity of the cure, is a *lotion of the lye of wood ashes.* This lye must be diluted with two or three times its quantity of rain water, and applied with a sponge to the diseased surface. Its strength must depend on the sensitiveness of the skin, and in this sensitiveness of the skin patients vary very much. As internal remedies he uses Kali carb., Rhus tox., Viola tric., Ledum, Mezer, Staphis., Oleander, Thuya. Where every remedy fails, then nothing remains but to send the patient outside of the infected locality, when escape from the cause originating and sustaining the disease will speedily effect a cure. (See p. 49.)

Phthiriasis.

The acarus lives *in* the skin, the pediculus *on* the skin. There are three kinds of the latter: the pediculus pubis, phthirius inguinalis, crab-louse; the pediculus capitis, head-louse; the pediculus vestimenti, pediculus corporis, body-louse.

The pediculus pubis or crab-louse resembles the head-louse, but is shorter and broader. It does not run about the surface, but grasps the hair close down to the skin with its fore-legs, which are provided with strong crab-like claws; it deposits its eggs, the nits, on the hair close to the skin. The crab-louse lives on all the *haired portion of the body except the scalp*, which is the domain of the head-louse, and they never interfere with each other. The insect is transferred from one person to another by contact and by the agency of clothes, linen and beds.

The head-louse is found exclusively on the *hairs of the head;* it attaches its eggs or nits to the hairs and excites an intense eczema, which may even extend to the neck and face, and is accompanied with great swelling of the lymphatic glands. This variety creeps about upon the head, and the eggs will therefore be strung along the whole length of the hair.

The body-louse *inhabits the clothing* of uncleanly persons; the effects produced by it on the skin vary with the duration of their presence. It deposits its eggs in the folds and seams of the clothes, and feeds by biting the skin nearest its haunt, namely, where the clothes come in most immediate and constant contact with the cutaneous surface. Hence its ravages are seen on the neck, back, shoulders, around the waist and wherever bands or straps give a resting-place for the insects, an opportunity for the eggs to hatch undisturbed, and by lack of change of apparel a constant field for food. It is the constant wearing of the same clothes which affords a permanent home for these insects. According to the numbers present

and the cutaneous sensibility of the individual infested will be the amount of irritation produced and the consequent amount of scratching. If the patients have had them only a short time, we find only papules and superficial excoriations; when the disease has lasted longer, the alterations on the skin are more intense and the excoriations greater, generally of a longish form; they may reach even into the corium, forming pustules, furuncles and abscesses covered with crusts. These leave scars which, on their periphery are darker colored and in the centre lighter than the normal skin. Abscesses are most frequent about the loins and on the shoulders, that is, on those places where the lice are retained in the folds of the shirt or where the clothing presses. After long continuance of this affection the skin is stained of a dark-brown or slate color (melasma).

The destruction of the pediculi is the only treatment necessary, but it is not so easy at all times to get rid of the irritation and its consequences. Fox (*l. c.*, 410) recommends for the head-louse free and repeated washings with soap and water, and a weak ammonio-chloride of mercury ointment (gr. v. to ʒ i.) to which some essential oil (lavender) or a few drops of Kreosote may be added, for the destruction of the lice. Hebra recommends to saturate the head for a day with petroleum, bound over with a cloth, with a good washing of soap and water to follow. The nits may be destroyed by the use of a weak acetic lotion (1 to 10 or more) and by free washing.

A very good plan for the destruction of crab-lice is to drop a few minims of chloroform on a layer of cotton wool, and apply the latter to the part attacked by the pediculi, confining the vapor by a towel; the pediculi are thus killed and may be washed away. It only then needs the application of a mild staveacre ointment or bichloride of mercury lotion (gr. ii. to ʒ vi.) once or twice, or a weak vinegar lotion, to be followed up with a good washing or two, to get rid of all that remains of them.

For the pediculus vestimenti our treatment is at first directed against the clothing, which has to be disinfected in an oven at a high temperature; the patient only requires good warm water and soap baths to cleanse the skin. If much irritation is left behind, alkaline baths and subsequent inunctions with oil will be of service. The secondary eczema must be treated upon ordinary principles.

CHAPTER IV.

VII. SYPHILODERMATA OR SYPHILITIC ERUPTIONS.

The answer to the question "what is syphilis?" still awaits solution, and unitarians and duallists still adhere pugnaciously to their opinions. There is Ricord on one side, with eminent adherents like Bærensprung, Zeissl and others, while on the other Vidal, Langlebert, Hebra, Sigmund and others break a lance for the unalistic theory. According to the latest researches (Neumann, 347) the secretion of the soft chancre represents a concentrated poison, which induces a more acute process and prevents general infection by destruction of the virus; while the secretion of the hard chancre acts more slowly and produces chronic poisoning of the blood.

Cauty (*Diseases of the Skin*, p. 127) individualizes more strictly, saying: "The growth of disease germs depends on the state of the system and its power of resistance, on the quantity of disease germs absorbed and on the special virulency of the germs, which implies their capability of causing those changes in the circulation which are favorable to their growth."

Now, keeping these three factors in view, we can easily understand that a patient infected with the syphilitic germ, but of good health otherwise and with power of resistance at a normal standard, will be able to throw off

the virus absorbed into his system in its totality, and we meet therefore in such patient the *soft or primary ulcer* with its sharply-cut, swollen, red or yellowish border, with a pultaceous base, *secreting a profuse, yellowish or green-colored matter.* Lancereaux calls this soft ulcer "local syphilis." Bumstead (*Syphilitic Diseases*, 316) adopts the term "chancroid," as it never gains access to or contaminates the general circulation; and since its influence is thus confined to the neighborhood of the point of implantation of the virus it must be regarded as a local disease.

What, on the contrary, are the properties of the "*hard*," "*indurated*" and "*infecting chancre*"? Most authors accept now-a-days three different kinds.

First. The *dry papule*, a papular protuberance of small size, of a dark-brown or purplish color, round or oval, firm and elastic, sometimes covered with white scales of epithelium or scurf, which may disappear by resolution or absorption, leaving behind a slight violet, copper colored or black depression. These are the most insidious cases, as they frequently pass unnoticed till secondary symptoms appear.

Second. The *syphilitic or hard chancre erosion.* It commences as a copper-red spot, scarcely raised, papular and dry. It is covered with a crust or thin scales, which desquamate, and finally the spot becomes eroded or slightly ulcerated on the surface. The ulceration is circumscribed within the induration and presents a flat, rose-colored surface, projecting on a level with the summit of the swollen part. It discharges a small quantity of serous fluid from a diffused base, which is indurated on its surface rather than deeply.

Third. The *indurated sore of syphilis*—non-suppurating chancre. Induration is the primary lesion, first as a papule, over which a crust may form, and underneath this crust a cup-shaped ulcer of greater or less depth rapidly

develops itself. It is indolent in its progress, and has the appearance of being scooped out; it presents raised and rounded edges, a glossy iridescent surface, a base generally greyish or lardaceous, bathed with a serous or water-like secretion, not re-inoculable, not pus (Aitken).

The virulency of the syphilitic poison is very persistent. It loses its power slowly and is only slowly eliminated from the system. The special predilection of syphilis is to cause stagnation, which it may be enabled to do at a part or parts of the body, and its permanent character allows it to lie in wait for any depression of the vital powers, when it seizes the favorable moment for a demonstration of its existence. The exact action of the syphilitic germ when absorbed is to retard the circulation, and syphilis may therefore be considered in all cases a disease of stagnation and deterioration of the blood. (Cauty, 137.)

The virus of syphilis, like other contagious diseases, has a period of incubation, in which some of its effects are manifested. If no general treatment has been employed, the first of the secondary symptoms occur, at a somewhat regular period, the mean being about fifty days. As in all other zymotic diseases, the absorption of a sufficient quantity of disease germs will set up irritation, but in syphilis only of a transient character, and we have what has been called the syphilitic fever, although this is often overlooked. We meet it most frequently in persons where the primary sore has not been subjected to treatment. The symptoms consist chiefly of headache, which may be nocturnal, of pains, resembling neuralgia or rheumatism, in various parts of the body, chiefly in the neighborhood of the joints, and a general feeling of malaise or listlessness. Tenderness of the sternum on pressure has been regarded as so constant as to constitute a valuable symptom in diagnosing syphilitic infection in doubtful cases.

Engorgement of the cervical ganglia is another important symptom of the early stage of constitutional syphilis,

although other glands besides those of the neck may be engorged in the same manner, or as a general rule, their number and size correspond to the extent and severity of the neighboring eruption on the skin or mucous membrane.

Icterus, due to compression of the biliary ducts by lymphatic glands, is sometimes observed as an accompaniment of the first outbreak of secondary symptoms.

Constitutional or secondary symptoms are therefore, in point of fact, an exanthematous fever accompanied by general febrile disturbance of the economy, neuralgic pains, sore throat and an eruption on the skin ; but, whereas true exanthemata are regular in their progress, limited as to time and not prone to recurrence, the syphilitic fever is subject to irregularity in a variety of ways, is uncertain in its symptoms, uncertain in duration, and liable to repetition, not only at the expiration of several weeks, but at successive intervals for may months and sometimes years. (Wilson's *Lectures*, 162.)

Syphilitic eruptions have their own peculiarities, as slowness of their course, tendency to relapses, their infectious character even after long continuance, and their transmissibility to descendants. The copper color, although not constant, of a syphilitic eruption will often reveal its origin. They show frequently a circular form, especially in the pustular and tubercular forms, which appear at a later period. The entire absence or small amount of pruritus attendant upon the syphilodermata is a characteristic and highly important symptom. Another important element of diagnosis is the frequent co-existence of various forms of syphilitic eruptions on the same person in the early stage of constitutional infection. The seat of the eruption will also sometimes indicate its origin. In fact, we see here again, that the *totality of the symptoms* with a full anamnesis has to be taken into account, to gain a clear diagnosis of the diseased state and of the remedy similar to such a diseased state.

Wilson (*l. c.*, 162) arranges syphilitic eruptions of the skin into three classes, namely, *erythematous*, *papulous* and *ulcerous;* also the *degenerative* form. Cazenave describes the exanthematous, papular, squamous, vesicular, bulbous, pustular, tubercular, etc.

Roseola syphilitica, *erythema syphiliticum*, is one of the earliest and most frequent of all the syphilodermata. Livid, pale-red or brown spots of the size of the nail, which are the result of local hyperæmia together with cell-infiltration along the capillaries, make their appearance with slight febrile movement, mostly on the body, more rarely on the face, sometimes, also, on the palm of the hand, tongue and soft palate. The spots appear more clearly under the action of cold. This syphilide passes quickly into the papular form or disappears in exceptional cases very rapidly; as a rule, it remains weeks or months, and generally leaves slightly pigmented patches. There is usually also redness of the fauces and tonsils, or even slight ulceration, enlargement of the cervical and inguinal glands follows, and alopecia occurs in some cases. *Maculæ syphiliticæ* may remain after any syphilide, but are more frequently observed after the erythema. The little roseolous spots, which soon fade, assume a dirty brown aspect, are circular and scattered over a large area, and subsequently become of a rather lighter hue, although they do not disappear on pressure. Their special seats are the neck, the breast, the face, especially the forehead, and the arms. Maculæ syphiliticæ are unattended by desquamation.

Papular syphilis shows itself by *hyperæmia with prominence.* Syphilitic lichen also belongs to the early stage of syphilis, and is in many cases preceded by the erythema. Fox (*l. c.*, 284) describes two varieties, the first, in which the disease begins by follicular hyperæmia, this being followed by a deposit about the follicles and the formation thereby of papules; the second, in which solid little growths of

syphilitic granulation-tissue are found on the skin, and these papules may be lenticular in form and shape, or flat and largish, *i. e.*, papulo-tubercular. Bumstead (*l. c.*, 545) recognizes three forms: the *lenticular*, in which the papules are somewhat broad and flat; the *conical*, the heighth of which exceeds their breadth and which most closely resemble ordinary lichen; and the *miliary*, which are very small, and the summits of which, on their first appearance, are generally surmounted by a slight effusion of serum.

As a rule, the first exanthem of the syphilitic fever is simply hyperæmia; the congestion lasts for a few days, then gradually subsides and fades away. But a recurrence of the syphilitic fever after a few weeks will always be attended with a prominence of the congested follicles, and the case has become papular syphilis. Pathologically, the first impetus of the fever has produced dilatation of the capillaries, and has left behind it a susceptibility to being acted upon again in a similar manner; while the second impetus not only results in dilatation of the capillaries, but is accompanied with transudation and increase of bulk of the intervascular cell-structures. A second attack of papular eruption will always be composed of papulæ larger than the first; and so we are led onward fromsm all prominences scarcely one line in diameter to others measuring over an inch. The former we term papules, the latter tubercles, although the pathological constitution of the objects is the same. Still, the tubercle means duration and represents a more chronic character in relation to the disease (Wilson, *l. c.*, 170).

Papulæ syphiliticæ are most common upon the abdomen, thorax, back, forehead and the upper and lower extremities; they are rare upon the hairy scalp. Upon the forehead they constitute the most frequent variety of the *corona veneris*. They are very persistent, and rarely disappear under one or two months. As resolution progresses, the copper color fades first into a tawny and then into a

grayish hue, and copious desquamation of the epidermis sometimes takes place, attended by slight pruritus; sometimes they suppurate at their apex and are then accompanied with swelling of the glands. They frequently leave depressions in the skin, which are due to interstitial absorption of the tissues, and which disappear in the course of a few months.

Syphilitic squamæ (*pityriasis syphilitica*, *psoriasis syphilitica; syphilis cutanea squamosa*) occurs either on single parts or over the whole surface, and is either developed from macular and papular eruptions, or appears primarily with febrile phenomena, by the development of fat red blotches, which in a few days are covered with scales, mostly collected on the periphery. In some places crusts are formed instead of scales, which produce crescentic or circular layers, especially on the hairy scalp; with this form the patients are cachectic, the glands swell and the hair falls out. Semicircular patches may also form on the scrotum and penis; the skin becoming red and inflamed by their long continuance, they may be taken for eczema, but this form does not appear until the earlier manifestations of syphilis have long passed.

Fox (*l. c.*, 290) gives the following diagnostic hints for squamous syphiloderma: First, if limited to the palms of the hands and soles of the feet it is in the majority of cases syphilitic. Second, the disease does not attack the elbows and knees by predilection, as in the simple forms. Third, it is generally displayed in little circular patches, which are isolated and not confluent. Fourth, the patches have a peculiar whitish line circumscribing them, due to the elevation and attachment of the cuticle. Fifth, the squamæ are thin, small, gray, and repose upon a coppery base. Sixth, there is generally significant coexistence of specific infection. Seventh, copper-colored maculæ follow in the wake of the disease.

Syphilitic vesicles. Wilson (*l. c.*, 183) never saw any

form of syphilitic eruption which he should consider entitled to the designation of vesicular or pustular. Both of these states may be more accurately treated of as papulæ vesicating at the summit, or as papulæ or papular tubercles suppurating at the summit, and, in fact, representing the commencement of the ulcerative process.

All authorities agree that syphilodermata rarely appear in the vesicular form, and when vesicles are met with it is an early symptom. The parts which are most frequently affected are the back, face and extremities. The vesicles may either be large and globular, small and acuminated, scattered irregularly over the surface or arranged in groups. Many of them are found to be traversed by a hair, showing that the chief seat of the eruption is the hair follicles. Bumstead (*l. c.*, 547) admits four varieties: First. Where the eruption resembles varicella, and the vesicles are large, scattered over the surface, in some cases umbilicated, and each is surrounded by a copper-colored areola. Their contents remain serous for a short time only and soon become purulent. Second. In the eczematous variety the vesicles are smaller and either diffused or collected together in groups. The eruption terminates in fine desquamation without the formation of scabs, sometimes a thin yellowish crust is found, beneath which the integument is found to be superficially ulcerated. Third. The herpetic variety consists of large globular vesicles containing a citron-colored fluid, arranged in irregular groups upon a dark-red base, resembling the patches of herpes phlyctenodes, or the vesicles may be smaller and collected into groups which are either circular or ovoid, as in herpes circinnatus. Fourth. The bases of the vesicles are hard and firm papular elevations, which remain for some time after the fluid had been absorbed or has escaped by rupture of the vesicles. Syphilitic vesicles are almost always accompanied by some other specific eruption.

Syphilitic bullæ. (Pemphigus syphilitica. Rupia syphilitica.) The number of cases of this affection in adults is small, but *pemphigus neonatorum* is of very frequent occurrence. The children are either born with a pustular eruption, chiefly on the palms and soles, the elements of which rupture a few days after birth and leave a superficial ulcer, or small spots the size of a lentil come out on the parts mentioned, of a dark, purplish color, which soon develop into bullæ. These children die a few days after birth from exhaustion, in spite of the most assiduous care; they live at the longest two or three weeks.

Rupia syphilitica is known by the development of small flattish bullæ, surrounded by a faint areola, few in number, containing at the very outset transparent serosity, but very soon a mixture of blood and pus, giving place by dessication to thick scabs beneath which is more or less unhealthy ulceration, with a dirty, fetid discharge. The crusts are diagnostic; they are dark, and stratified in such a way as to be conical, like an oyster-shell. The rupial spots may be seated on any part of the body, face, head, limbs or trunk. It is almost invariably associated with poverty of the blood and enfeebled vitality. Syphilitic rupia is very persistent. Fresh scabs and ulcers appear in the vicinity of those first formed, so that the various stages of the eruption may be frequently observed on the same person. During the reparative process, if the scabs be allowed to remain undisturbed the ulcer granulates up from the bottom, and when at last the scabs, having become dry and brittle, fall off, may have already attained a higher level than that of the surrounding surface. The succeeding cicatrix is of a sombre red or copper color, abruptly depressed and indelible.

Many varieties of rupia have been made, according to the size and shape of the crusts and the degree of ulceration, although in all the different varieties it will always remain as a diagnostic mark of syphilitic rupia, that beneath

the impetiginous crust there is only an excoriation. If the spots are of fair size, the disease is termed *rupia simplex;* if the crusts are large and prominent, *rupia prominens;* if the ulceration is marked and the patient cachectic, *rupia escharotica;* but all such divisions are immaterial, as a slight alteration in the relative power of health or disease, or an accidental or incidental change in the outward conditions, will give one or another form.

Syphilitic pustules. (Acne, impetigo and ecthyma syphilitica—pustulo-crustaceous syphilitic eruptions.) Pustules result in several ways; either from rapidly suppurating vesicles, or by the tops of papular eruptions suppurating the contents of these pustules dry to crusts and leave a more or less deep ulcer after their removal. These syphilides are generally attended with glandular indurations, axillary, cervical aud inguinal; the patients have a cachectic look and are frequently troubled with affections of the serous membranes and rheumatic pains.

Fox (*l. c.*, 289) adopts three primary forms of syphilitic pustules and a secondary form. First. Syphilitic inflammation of the follicles, especially of the scalp and of the side of the face. It occurs pretty early, and the spots are marked by a hardish base, a copper-colored areola, an indolent course, and the occurrence of cicatrices, with dull stains. Second. Syphilitic acne is common and involves the entire sebaceous glands, especially about the sides of the face, on the scalp and the trunk; it may even be confined to the lower extremities, an important fact in establishing the diagnosis. The acne spots are of small size, generally acuminated, seated upon a prominent base, show little tendency to spread and remain stationary for several weeks before becoming covered with scabs, which are small, dry and of a grayish-brown color, and leave distinct cicatricial pits behind, and dark-colored stains. Third. Syphilitic ecthyma is seen about the trunk, but especially the limbs, the lower more than the upper, and occasionally the head.

The pustules are phlyzacious, scattered, with a coppery base, and indolent; they are scabbed over with dirty brown or blackish scabs, covering ulcers with indurated and dark edges, which on healing leave behind scars and characteristic stains; the crusts are peculiarly thick and very adherent.

In the papular or tubercular form, which pustulates, the pustules are found about the forehead and face and on the trunk; they are successive, numerous, isolated and scattered, soon acquire a coppery hue and are indolent; thick greenish crusts may form, and beneath them is ulceration depressed in its centre and leaving behind scars and copper-colored stains. This brings us to the

Tubercular syphiloderma, which may be divided into two classes: First. Those which terminate in desquamation or resolution. Second. Those which suppurate and form ulcers. The former are hard, shot-like bodies, occupying the whole thickness of the skin, above which they project to a variable extent. They are usually of a dark-red color, sometimes tense and shining or covered with thin scales, which fall off and give place to others or are surmounted by scabs, which are the product of an effusion of serum beneath the epidermis without deep ulceration. They are *neoplasmata*, and a diagnostic feature of them is, that they cannot be made out to be enlargements of the follicles (acne) of the skin, as they never present a central point. When aggravated they form groups which are generally circular, but sometimes irregular. Such groups of tubercles form distinct patches, the edges being bounded by well-marked tubercles, the whole surface of the patch being scaly; and the patch constantly tends to enlarge by the subsidence of the old tubercles and the development of new ones external to the first; the size of the patch augments and the increase of the growth of new tissue, or infiltration, thickens the patch. In some instances, instead of forming wheals, tubercles are collected into irregular

masses, in which, however, a tendency to the circular form is still manifest, and if closely approximated, the general thickening of the skin beneath may elevate the patch to a considerable distance above the surrounding surface. All tubercles are very slow in their progress and decline, and often persist for many years.

Second. Further changes may take place in tubercular syphilis, viz., suppuration and ulceration. Tubercles in certain persons, instead of being absorbed, break up into unhealthy pus, and give out an ichor that dries into dark adherent crusts. In ulcerating tubercular syphiloderma the ulceration in one instance may be deep and is called the *perforating* form, in the other superficial or *serpiginous* form. In the former the tubercles are large, few, livid-red, with a copper-colored areola, having a tendency to ulcerate deeply, and are very painful; the ashy-colored and foul ulcers, which may become confluent, crust over, the ulceration meanwhile eating more deeply, the crusts being repeatedly shed and reproduced. The disease is most common about the face, and thus the nose may be destroyed. Severe ulceration is generally a symptom of tertiary syphilis, and accompanies marked cachexia, indurations of the periosteum, syphilitic caries, etc.

When the ulceration is superficial, it creeps along the surface in bands or circles; the surface of the ulcer becomes covered over with the blackish crusts, which fall and are reproduced from time to time; the tubercles themselves are larger, and if the ulcers heal, distinct livid cicatrices remain behind; if the tubercles become confluent, the ulceration is more marked. Another ulcerative condition is the fissured tubercle, which is small, with a lineal ulcer in the centre; it is accompanied by a good deal of pain and a thinnish ichor is exuded from it; it is seen about the side of the nose, lip, scrotum and anus.

Syphilitic ulcers have sharply-cut edges and the tuber-

cles around are hard, smooth, dryish, dense, shining and copper-colored; they are foul, dirty, ashy, exuding ichor, and the tissues around are infiltrated and indurated.

Syphilitic alopecia is pretty common. Ulceration of the hairy skin, the formation of tumors or seborrhœa may cause a falling out of the hair. The hairs become harsh and brittle, their bulbs become atrophied and they come out with combing. The loss of hair sometimes takes place over the whole body; when this occurs, the patients are generally cachectic; the hairs, however, grow again after several months, when the syphilitic poison is overcome.

Onychia syphilitica. Purulent formations about the ends of the fingers are always signs of debility. It may attack the structure of the nail itself, or the matrix especially. The skin around the nail becomes diseased, is reddened, swollen and painful, which symptoms disappear again, partly from absorption, partly from suppuration of the skin, with shedding of the nail. Several nails may be attacked at the same time, and that symmetrically; the progress is very indolent. The nail may also become the seat of a painful tubercle, which raises up the nail from its bed and it thus becomes detached. In other cases of syphilis the nails simply atrophy and are lost, or they become ill-formed, friable and stunted.

Syphilis cutanea vegetans (Condylomata lata. Plaques; muqueuses). They are hypertrophied papillæ moistened by secretion and containing rather more fibrous and elastic tissue than usual. The walls of the vessels leading to the condylomata are affected to a great extent, and the cell accumulation is found especially along the vessels. They are seen most frequently around the anus, on the scrotum, perineum and prepuce, on the inner surfaces of the thighs, on the vulva, the navel, the female breasts, in the axillæ, at the corners of the mouth and nose, and generally in those places where there are large sebaceous glands and hair-follicles and deep folds of the skin.

When exposed to friction the pellicle covering the patch is removed, and a red, superficial, but depressed ulceration takes the place of the elevated disk. Unlike most syphilitic eruptions, condylomata are frequently attended by pruritus, especially when seated upon the scrotum and perineum, and when proper attention to cleanliness is not paid or the parts have become warm and moist from exercise or prolonged contact in bed. Mucous patches are exceedingly chronic and persistent, and very prone to reappear; they are, indeed, the most frequent evidence of the renewed activity of the syphilitic poison.

Syphilodermata must be also divided into *hereditary* and *acquired*. The former may depend on the male or female parent; the child may be born with an eruption, or that manifestation may not appear for some months after its birth; in rare cases even several years may pass by, and cases are also on record where children born of a father or mother affected with syphilis escaped the infection, clearly showing that a certain dispositon to receive constitutional disease is necessary for the child as the adult, and this may be absent. The appearances of syphilis in children are: brown scabs on a surface more or less inflamed, tubercles of every size and form, snuffling from inflammation of the nasal membrane. In minor cases, where the disease appears after some months, the tendency is to scaly patches, the teeth are rough and imperfectly formed, and the nails and hair both show diseased action. We miss the copper-color in children, the maculæ are pale-red or dirty-brown, pustules display less infiltration, as children with congenital syphilis are generally very anæmic, and the skin is correspondingly more wrinkled.

It is a pity that we know nothing whatever of the character of the virus of syphilis. It acts in the most minute quantity, its influence is too often protracted and in some cases even permanent, and instead of manifesting a definite set of phenomena and then being eliminated, it

seems to change its character with time and gives rise to many different forms of disease. Cauty (*l. c.*, 135) remarks on this point that the virulency of syphilis is weak but very permanent, the germ losing its power slowly and being equally slowly eliminated from the system. Its predominant property is to grow and cause stagnation locally; if it should increase rapidly or if there should be a sufficient quantity absorbed originally the germs may cause general irritation, but this irritation is of a very transient character. These disease germs, like other animal germs, cannot multiply unless they can affect the circulation; the special predilection of syphilis is to cause stagnation. The exact action of the germ when absorbed, is to retard the circulation. We then have all the symtoms of depression—lowered pulse, absence of color, dulness of the eyes, lassitude, etc. The blood is rendered thin and watery, the red granules decrease in number, increase in size and become soft, pliable and easily mix with the fluids, losing their separate existence; the white corpuscles increase in size and become softer in texture; as a consequence of this state of things, at some point or points of the tissues, the enlarged white corpuscles become incapable of passing through the capillaries; we then have a point of stagnation around which both white corpuscles and disease germs increase and multiply. As a consequence of such increase of white corpuscles, we have the various hypertrophies of scales and tubercles; or if there be exudation beneath the epidermis, papules, to all of which formations the syphilitic germ gives the characteristic sign of red granular matter, mixed with the fluid exuded. Such a languid and slow state of stagnation is only possible locally, for if the general system was so depressed we should have death. The local equivalent occurs in some forms of syphilitic skin disease, as ulceration or death of tissue.

Treatment. For centuries *mercury* has been known as the

great anti-syphilitic remedy and volumes have been written in its defence or in opposition to its use in syphilis. Our studies must lead us to the decision that this metal is the true simillimum of the venereal poison. Headland (*On the Action of Medicines*, p. 371) remarks, that *mercury disintegrates or decomposes the blood and thus wastes* the body. The blood under mercurial action contains more water, and is more prone to putrefaction than healthy blood. The fibrine, albumen and red globules are diminished in amount, and a very fetid matter is present in large quantity. Smith has observed that the blood coagulates with difficulty. When coagulated, it is cupped and buffed, but it is the buffy coat of anæmia and not of inflammatory blood; the clot appears rotten and is easily broken down. By this artificial disease that it produces, it may cause, when pushed to excess, various constitutional disorders of a very serious kind. As agents which impoverish the blood drive it to the tissues for its replenishment, and give work for the absorbents, so mercury wastes the frame, causes the body to become thin and feeble, the face pallid, and diminishes the nervous energy. It may excite the febrile or typhoid condition called "mercurial erethism," or a disease of the skin of a squamous or eczematous character, the "hydrargyria."

Ringer (*Handbook of Therapeutics*, 213) finds it singular how *similar the phenomena produced by mercury are to those which result from syphilis*, and thinks that the secondary and tertiary symptoms, which are laid to the charge of mercury, can be produced undoubtedly both by syphilis and by mercury salts; so that, if these salts are given too freely and for too long a time, or under improper circumstances, they inflict great harm by aggravating the diseases they were given to cure.

If it be true that we know nothing whatever of the character of the syphilitic poison, Nothnagle also, (*Arzneimittellehre*, 229) acknowledges that it is impossible

to explain the mode of action of mercury. We may adduce single data, but they do not suffice to disclose the origin of the effects produced by mercury. And Headland coincides with him, as he remarks that "by some inscrutable chemical (?) power, of whose agency we know nothing, mercury is able to decompose the blood."

Authorities disagree about the indications for the use of mercury in syphiloderma. Thus Bumstead (*l. c.*, 559) finds mercurials only required for the superficial eruptions which terminate in desquamation, belonging to the secondary stage of syphilis (erythema papules, squamæ and vesicles, which are either dry or are attended by a serous or thin sero-purulent secretion emanating from a superficial erosion). Our own Hughes (*Pharmacodynamics*, 395), on the contrary, finds it applicable when the local manifestations of the disease become *destructive*, when the eruptions take the form of impetigo and rupia, or when ulceration attacks the skin and mucous membrane. Yeldham also recommends a fair trial of the mercurials in syphilitic eruptions (the iodides or perhaps the corrosives), unless mercury has already been fully given. Bayes (*Applied Homœopathy*, 117) reports the skin "similars" to mercurius numerous, numbering certain vesicular, pustular and papular rashes, and gives the practical rule for the administration of mercury in these cases, that on pressure over the reddish blush which surrounds them, the color of the skin remains coppery or yellowish-brown until the blood returns to the surface. In very unhealthy subjects these vesicular and pustular rashes have a tendency to run into sores (Merc. corr.[30] every second night and 3d dec. twice a day.) Granier (*Homœolexique*, ii, 854) uses the red percipitate, the corrosive, the cinnabar and Merc. nitr., and finds them indicated in pustular and squamous syphilides, especially in psoriasis, for the cure of tubercles, ulcerations, and of great value in onychia syphilitica. Kafka (*l. c.*, ii, 647) considers mercurial preparations true

antisyphilitica only in certain concrete, strictly individualized cases. He uses the 2d dec. of Merc. corr., even for the primary soft chancre, and where no amendment follows after several weeks, he changes to the Merc. præcip. rubra; in indurated chancres (infiltrations of the connective tissue with fibrinous coagula) he relies on iodide of potash (Kali hydrojod. ʒj, Aqua. dest., Spir. vin., āā. ʒij., gtt. j. two or three times a day, adding one drop to the dose every third day), and where this fails he has recourse to the Merc. deutojoduratum given methodically. He considers the cinnabar (bisulphuretum hydrargyri) a grand remedy for secondary symptoms, ascribing its excellent effects to the combination of sulphur with the mercury. The simultaneous use of warm baths can be highly recommended in the treatment of syphilides. Tubercular tertiary syphilis needs quick resorption of the fibrinous exudations in the skin; hence the iodide of potash or the biniodide of mercury are indicated; but exulcerating tubercles as well as fissured and ulcerated condylomata yield usually to the red precipitate or to the biniodide.

Fox (*l. c.*, 305) considers mercury the remedy for all syphilodermata, except in those cases in which the drug may, in consequence of the state of cachexia, still further depress. In these cases, and those of tertiary syphilis, empiricism has taught that the appropriate remedy is iodide of potassium, but in some instances the combined use of both remedies is of much value, as in wide-spread tubercular syphilis. He discards all other preparations of mercury except the bicyanide (hydrarg. cyanidi) and gives it in 1-12 grain doses twice a day, in pill form, administering iodide of potassium (grs. v. three times a day) at the same time.

Headland (*l. c.*, 204) considers mercury the single and best remedy in primary forms of syphilis, as the chancre, and early eruptions—as syphilitic lichen, roseola and le-

pra—and in syphilitic iritis. It is well known that mercury has the power of producing a decomposition of the blood. Syphilis, with the eruptions and ulcerations and necrosis and cachexy that result from its working, is obviously an agency which itself tends sooner or later to impoverish the blood; and it seems to me not unreasonable to suppose that mercury in its destructive action may seize first on those parts of the blood which are most diseased, or most liable to putrefaction, that it may grapple thus immediately with the fermenting and multiplying virus of syphilis, decompose it, as well as those materials of the blood on which it has commenced to feed, and eliminate both these and itself together by the glandular outlets of the frame. *To cure the corrosion of the vital parts the mercury corrodes somewhat further and deeper and sweeps all away.*

Iodine and its preparations produces erythematous, papular, vesicular and pustular eruptions (Fischer, *Vienna Med. Wschft.*, 1860) and exerts on the blood some special catalytic action by virtue of which the morbid actions of secondary syphilis are counteracted. As an anti-syphilitic its use is confined to latter symptoms, as to periostitis, and to late eruptions, as rupia (Headland, *l. c.*, 381). Cauty also considers the action of Iodine quite unequal to meet the action of the syphilitic germ at first, whether combined with potash or ammonium or with iron. If you have any hopes that of itself the iodide will counteract the disease, it requires many months of steady administration and a very feeble action of the disease to be removed. Wilson (*l. c.*, 206) on the contrary has great confidence in the iodide of potassium in all the eruptions of a recent period and also in the ulcerative forms, but this remedy as well as the mercurials must be used properly, demanding great judgment and discrimination.

Hughes (*l. c.*, 334) acknowledges that our school also uses the iodide of potassium more *ex usu in morbis* than

from the pathogenesis of this remedy in secondary and tertiary syphilis, and most of our physicians give it therefore in material though not large doses. Lobethal (*A. H. Z.*, 30) prescribes it for the cutaneous affections and ulcers of a sickly color, and for tubercular and papular eruptions of the face.

Gold and *Platina* have been used by physicians of the old school for the cure of syphilodermata when the system has been previously subjected to the action of mercurial remedies. We find indications for the former in the marked depression of spirits so often witnessed in syphilitic patients, with a suicidal tendency, and in its great antidotal power to the action of the mercurials. It is (Hughes, *l. c.*, 127) an admirable remedy for those constitutions broken down by the combined influence of syphilis and mercury.

Nitric acid is also well known as an antidote to syphilo-mercurial poisoning. Rummel found it to act well for broad red spots resembling psoriasis, subsequent to the treatment of primary ulcers with large doses of mercury. Fielitz cured with it isolated, burning, ulcerated surfaces on the hairy scalp, accompanied by ecthymatous pustules in the face, forming crusts, and surrounded by broad, red areolæ. Hofrichter for brown spots on the glans of the size of lentils, and vanishing after their membranes become detached, together with brown tubercles near the seam of the scrotum and on the perineum as far as the anus; these tubercles are of the size of peas and ulcerate. (Jahr's *Veneral Diseases*, 225.)

In coming to the more simple treatment of Ferguson, Boeck, Baerensprung and others, we find the expectant treatment in the ascendancy, as they rely on inert remedies or laxatives ; and even Wilson states it as a general axiom that all eliminating means are useful in syphilis, and that each and every successful treatment may be resolved into the two processes represented by the words

elimination and restoration. Thus a famous method of treatment, once in great favor, consisted in epsom salts, milk diet and clinical decubitus. We may use with equal benefit the milk diet and the clinical decubitus, and study out what other remedies we may use for the eradication of syphilis, for the cutaneous affection remains to us only as an outward sign of a constitutional affection.

Thuya disputes the rank for the cure of condylomata. It is the great antidote to sycotic diseases showing itself in the shape of warts, condylomata, cauliflower excrescences on or about the genital organs and hairy parts of the body. The patient is low-spirited and desponding.

Dulcamara. Herpes preputialis, easily bleeding, brown, dry, humid or furfuraceous, red, pale-red or with a red areola; round, scaly and small herpes; suppurating yellow herpes; thick brown crusts on the face, forehead, temples and chin with reddish borders, bleeding when scratched; exostoses on the upper part of the right tibia, with bluish-red spots, suppurating lumps.

Hepar s. c. Another antidote to overdosing with mercury. Falling out of the hair after the abuse of mercury; pustules on the scalp, secreting copiously, with glandular swellings; rhagades of the hands and feet; alternate appearance and disappearance of brown spots on the whole body.

Kali bichromicum. Papular and pustular eruptions; ulcers with hard bases and overhanging edges, deep and generally dry; pustular eruptions, which have a hard dark scab and leave a depressed cicatrix; small pustules over the body similar to small-pox, they disappear without bursting; periosteal pains; syphilitic rheumatism.

Phytolacca. Syphilitic periosteal rheumatism; secondary and tertiary syphilitic eruptions, especially psoriasis.

Staphysagria. Another sycotic remedy as well as beneficially acting against the constitutional effects of mercury. Humid, scalding-itching, fetid eruptions; periosteal pains, worse at night.

Stillingia sylvatica. Chronic secondary eruptions, complicated with venereal rheumatism; periostitis and nodes on the tibia; ulcers with unhealthy skin.

Other remedies might be indicated *pro re nata*, as Arg. nitr., Arsen., especially Ars. jod., Calcar. (especially in congenital syphilis), Lachesis (phagadæna), Petrol., Rhus tox., Rumex, Sanguin., Sepia, Silic., Sulphur, and many more, but our space being limited we refer to the Materia Medica.

Scrofula-dermata.

Scrofula of the skin is only a part of a general diathetic condition. We know just as little of the essence of scrofula as we know of syphilis; we only know that it modifies and deteriorates the organism. Ricord is certainly wrong when he considers it always a form of hereditary syphilis; others see in it an exaggerated action of the lymphatic system, and many of our school look at it as the expression of the Hahnemannian psora. Raue (*l. c.*, 545) in his concise manner terms scrofulosis a cachexia which manifests itself as a nutritive disturbance in the external skin, mucous membranes, joints, bones, organs of sense, and above all the lymphatic glands. The special changes in the skin are eruptions, which usually have their seat in the face and on the scalp; they consist in a superficial dermatitis with exudation of lymph upon the free surface, constituting eczema or impetigo, or, as they are likewise called, tinea or porrigo, etc. Destructive processes, like lupus, do not take place until a much later period.

Wilson (*Diseases of the Skin*, 367) describes the tubercular swellings of cutaneous scrofula as of small size, indolent, and of a purplish red or livid color; they soften internally, break after a time and give exit to a white curd-like matter and to an imperfect pus, often remain open or fistulous for a long time, showing very little disposition to close, and when the healing is at last accomplished, an ugly scar is often left behind. The chronic character

of scrofuloderma finds its explanation in the low vitality of the morbid tissues from weak nutritive power, and hence defective assimilation and sanguification; we find, therefore, scrofulous persons generally fair in complexion, pallid, flabby in tissue, and more or less anæmic, and our chief reliance must be put in the maintenance and support of the vital power of the patient, for we contend as against a debilitated constitution.

The old school relies on phosphate of lime, cod-liver oil, iodine, iron, nitr. ac., combined with tonics, for the eradication of this diathesis, with animal diet. Our sheet-anchors are Sulphur and Calcar. Other important remedies are: Alnus rubr., Asaf., Aurum, Badiaga, Baryt., Bellad., Calc. carb., Calc. phosph., Cistus, Conium, Hepar, Hydrast., Iodium, Lycop., Mercur., Natr. mur., Phytol., Rhus tox., Rumex, Sepia, Silic., Stillingia.

Neuroses of the Skin.

The nervous disorders of the skin are: First, Disturbances of Sensibility, (a) Anæsthesia (b) Hyperæsthesia. Second, Motor disturbances. Third, Angio-neuroses.

First. The papillæ furnish the sensation of touch, and after their destruction the sensibility to changes of temperature, pressure and relations of distances ceases.

(a) *Anæsthesia.* The causes of anæsthesia lie either in the brain, in the course of the nerves, or in their peripheral endings. All anæsthetic remedies produce anæsthesia through their action on the brain; to the second class, for instance, belong those in the course of Elephantiasis Græcorum; and to the anæsthesiæ of the third class, those caused by burns, injuries, the action of caustics and local anæsthetics. It is mostly a secondary symptom of other diseases.

(b) *Hyperæsthesia*, or exalted sensibility of the skin, if general, is secondary to brain and spinal diseases; occasionally it is idiopathic, and when this is the case par-

takes of the nature of an hysterical pain. The skin is morbidly sensitive to all impressions, *e. g.*, friction of the clothes, the air pressure, and even that of lying.

Pruritus—in plain English, "itching"—may occur without any apparent cause, but that is because we do not see where the cause is; not that it is wanting or that the nerves have acquired unusual activity *per se*. This sensation accompanies many diseases, as eczema, scabies, etc. As a general rule, only those skin diseases itch in which the papillary layer is irritated, while wounds and ulcers which extend deep into the subcutaneous tissue are only painful. In prurigo the itching is very intense only when new papules are forming, and ceases with their destruction. In many dyscrasic diseases, as syphilis, the exanthemata, and lichen scrofulosorum, there is no itching, while nettles and the epizoa occasion it as soon as they come in contact with the skin. We see, therefore, that true dyscrasic diseases which come from the blood cause no itching, while ever so slight an irritation may be accompanied by the severest pruritus, and that, therefore, this state in most cases is caused by some local process. Hebra first insisted on this fact.

The sympathetic excitation of pruritus indicates its nervous character, which is also manifest by the manner of its attack, coming on suddenly, raging with violent fierceness, sometimes periodic, and subsiding for a while totally. It may occasionally be general, but is more frequently local. The former is frequently connected with physiological changes in the uterus. Thus women may suffer intensely from itching during the whole period of their pregnancy; morbid alterations in the uterus, anomalies of menstruation, Bright's disease, hepatitis, icterus and granular liver may produce the same; itching is also a frequent accompaniment of senility.

Pruritus senilis, caused by retrograde metamorphosis, is an affection of old age. Nothing else is observed in the

skin but laxity and thinness of the integuments, with perhaps plugging up of a certain number of the follicles by the exuviæ shed from the sebaceous glands. It is increased by heat, cold, the warmth of the bed, by digestion and other things, and may take on the form of stinging, creeping or burning sensation. It may also appear in persons who cannot be considered old, from mal-nutrition, from worry, anxiety, mental over-exertion, etc.

Pruritus ani, seen especially in corpulent persons, is a constant result of hemorrhoidal tumors and intestinal worms, but generally comes from eczema or intertrigo. By reflex action it may also occur from uterine disorders. The result of scratching is to give rise to the development of papulæ, and, it may be, to considerable inflammatory thickening.

Pruritus pudendi, or itching about the genital organs, is common in women, and arises from a variety of causes, as eczema, intertrigo, the presence of vegetable fungi, ovarian and uterine irritation, hemorrhoids and varicosity of veins of the genital parts. It is frequently observed in amenorrhœic sterile females and those at the climacteric period. The itching affects either the clitoris, the labia majora or the vagina, and is often very obstinate. From the friction, which may even amount to masturbation, we have at first excoriation and afterward a chronic infiltrated eczema or leucorrhœa.

Emollient and vapor baths and anodynes locally applied, are recommended, provided the general health be carefully attended to.

For simple itching of the skin while undressing or after getting warm in bed, or by exercise: Bryon., Coccul., Nux vom., Oleand., Opium, Pulsat., Rhus tox., Silic., Sulphur. For pruritus icteroides: Chelid. For pruritus senilis: Arsen., Baryt., Crotal. For pruritus ani: Alum., Ammon., Calc., Carb. veg., Caustic., Ignat.

(ascarides), Lycop., Nitr. ac., Sepia, Sulphur. For pruritus pudendi, (*a*) Scrotum: Antim., Caustic., Graphit., Lycop., Nitr. ac., Petrol., Sulphur; (*b*) female genital organs: Ambra (pregnancy), Calad., Carb. veg., Collins., Helon., Hydrast., Hydroc., Tarant.

Collinsonia. Pruritus vaginæ from hemorrhoids.

Carbo veg. Itching of vulva and anus from varicose veins in external genitals, producing even dysuria.

Helonias. The mucous membrane of the labia is red, swollen and covered with a white, curdy deposit like aphthæ; no sexual excitement.

Hydrastis. Excessive pruritus, with profuse albuminous leucorrhœa and sexual excitement.

Tarantula. Dryness and heat of the parts, intense itching, worse at night.

Ludlam (*Diseases of Women*, 160) recommends, according to indications, Natr. mur., Sepia, Silic., Sulphur, Arsen., Calc. carb., Conium, Mercur. and the various acids.

Compare also Guernsey's *Obstetrics*, second edition, p. 575.

Second. *Motor Disturbances.* Neumann (*l. c.*, 390) represents the *cutis anserina* as a "motor disturbance," a condition of the skin in which small papules of the size of a hemp-seed appear, caused by the contraction of the muscular fibres running to the base of the hair-follicle, whereby the hair is erected and the follicle protruded. These papules may also be produced by the electrical current, during the chill of intermittent fever, and by the direct action of cold upon the skin. Cutis anserina is therefore no disease.

Third. *Angio-Neuroses.* Neumann puts in this class the neuroses following paralysis, in which the nutrition of the affected portion is retarded, the part withers, the hairs and nails drop off, or whole joints are lost (see *Elephantiasis Græcorum*).

There is no doubt but that a large proportion of cuta-

neous diseases depend upon disorders of the vaso-motor nerves, which cause certain derangements of the circulation in the arteries, veins and cutaneous glands. Anæmia and hyperæmia of the skin happen from vaso-motor irregularities, some from the brain, some from the spinal cord, or from the action of cold, or the electric current; anæmia especially follows cramp and contraction of the muscles.

Landois and Eulenberg consider acne rosacea a vaso-motor neurosis of the ethmoidal nerve.

Bærensprung and others consider the origin of *herpes zoster* to be an inflammation of the sympathetic fibres of the small spinal ganglion. The supply of blood is increased, the small arteries are distended, and as a consequence there are serous exudation and the formation of vesicles. Urticaria also depends on a circumscribed vaso-motor affection, which may originate from very different portions of the organism. The same is true of lepra anæsthetica. Of the same nature are the eruptions caused by iodine, bromine, copaiva, cubebs, cod-liver oil, quinine, digitalis, and that caused by malaria.

CHAPTER V.

ACUTE ERUPTIVE DISEASES.

Contagious exanthemata rather belong to works on general medicine, inasmuch as the phenomena presented by the skin in these diseases play a very subordinate part as compared with the constitutional symptoms. Still, for the sake of completeness and for the purpose of diagnosis, it may be advisable to describe the eruptions themselves.

These eruptive affections derive their origin from a specific cause, a zymotic (fermenting) poison, which presents phenomena of a special and peculiar kind. Of the nature of these poisons (disease germs) we have very scanty

information; we know only that they enter the blood, that they set up in the blood a process of fermentation, and that the poisonous ferment is conveyed by the blood to every part of the economy. When the disease germs of the contagious fevers have been absorbed, they increase imperceptibly for a certain time before showing any signs of their presence. This time, which is very various, is called the *period of incubation.* At length they are sufficiently powerful to affect the circulation, and commonly make their presence known by causing what is termed a chill, which may be very distinct or more or less marked. The more distinct the chill the higher the consecutive fever, which is only the reaction of the vital power, which tries to resist and resents such presence, and throws it out on the cutaneous (external as well as internal [mucous membrane]) surface. The results of such fevers produce the various eruptions we have now to consider, which may be trifling or severe and even dangerous to life, according to the quantity and quality of the disease germs on the one side and the reactive vital power of the patient on the other side.

Rubeola.

Rubeola or Measles is the first, as it is the mildest, of the three exanthems to be described. We designate by this name a disease in which spots or papules, separated from each other, appear over the whole surface of the body, which eruption is accompanied with fever and a catarrhal affection of the mucous membrane of the respiratory tracts, runs an acute and typical course, and is contagious. Regarding the first source of the disease, whether it be organic or inorganic, we know nothing; and the question of its fungous nature is still more than doubtful. The germ of measles can not only be inoculated but the exhalations from the skin and lungs seem also to contain the poison. The duration of the period of incubation amounts to about twelve or fourteen days, but may be

longer when the affected person already suffers from another disease. Infection is possible during the prodromal stage, increases while the eruption is out, and ceases with the stage of desquamation. Most persons are attacked during childhood, and this may be the reason why we see so little of it among grown persons, for, as a rule, the predisposition ceases for the rest of life after an attack.

Measles occur in more or less wide-spread epidemics, and their duration is generally in inverse ratio to their severity; and this again to the frequency of recurrence; the shorter they are, the more severe, and the more frequently they occur, so much the milder is their course.

The general symptoms, course and results of measles are those produced by slight irritation; parts which habitually secrete discharge more plentifully, and the congestion of the mucous surfaces is relieved by moist exudations. Thus we have, as first symptoms of measles, sneezing; lachrymation and cough; sickness from irritation of the stomach or disturbance of the alimentary canal; the pulse is somewhat over a hundred; gradually the skin, from the face downwards, becomes spotted with a rose-colored rash, leaving spaces between the spots or clusters of spots free from the eruption. The eruption is not attended by any marked increase of fever, and as soon as it is fully developed the febrile symptoms diminish. Three or four days elapse before the eruption makes its appearance, and nearly two days more before it covers the body; the redness then gradually disappears, and the subsequent desquamation takes place in the same order that the rash has become visible, the scales thrown off being small and thin.

The diagnosis of rubeola as an exanthem rests first on the crimson color; second, on the punctated rash; third, the disposition of the puncta in small clusters obscurely oval in their figure. It is a well-established

fact with regard to the exanthemata, that the hyperæmia is always greatest on those parts of the skin which are habitually exposed to the air; hence we find the papulæ more prominent on the face than elsewhere, while the clustering is more distinct on the body. According to Simon, the papules arise from the collection of small quantities of inflammatory exudation in circumscribed places, mostly where the hairs penetrate the skin.

The general fever may cause suppuration of latent tubercle, may aggravate scrofula, may lead to bronchitis, pneumonia, enteritis or dysentery; ophthalmia morbillosa is also a frequent complication. Besides the synochal form, we have also the asthenic, nervous, torpid or septic measles (morbilli nigri); and this form may become complicated with lobar pneumonia, in which the temperature may rise to an unusual height and the heart's activity, which was at first increased, becomes weakened and paralyzed. Children who pass safely through the ealier stages die in a profound collapse, sopor, and with a small and greatly accelerated pulse.

All medicinal interference is unnecessary in mild cases of measles, and our attention should be confined to proper regimen. The temperature of the sick-room should be maintained at about 65° F. and the air in the room changed daily. The patient may be washed with luke-warm water and the linen changed, with the precaution that the linen be dry and well warmed and that the body does not remain too long uncovered. The room should be only moderately darkened, corresponding to the amount of conjunctivitis present. The fever indicates the diet, which, during its continuance should consist of thin soup and dry bread; cooked fruit may be allowed when the bowels are confined; meat-broth and milk are not given till the fever has ceased, after which the diet may gradually be made more nourishing. The patients should keep their room while the stage of desquamation and cough

lasts. The therapeutics of complications must be regulated according to their requirements, and one must not be led astray by the exanthem. Neumann (*l. c.*, 117). Raue (*l. c.*, 590) recommends that after fever and catarrhal irritation have passed away, the patient be given a warm bath and on the following day a cool wash all over, taking care that it be done quickly and that the patient be well rubbed and dried with flannel afterwards. After that time he may be allowed to go into the fresh air, provided the weather allows of it.

Remedies usually found beneficial are: Acon., Bell., Bry., Gels., Puls., Ant. cr., Apis, Arsen., Camph., Carbo veg., Cham., Coff., Dros., Euphr., Hep., Ipec., Kali bichr., Merc., Nux vom., Phosph., Stram., Sulph., Veratr.

Roseola, (Rötheln), an erythema of a rosy hue, is likely to be confounded with measles; but it possesses no catarrhal symptoms, there is no relation between the febrile symptoms and the amount of eruption, there is no epidemic influence at work in its production, it is irregular in its distribution, non crescentic, not uniform, not dark-colored, but irregular, rosy, and often commencing in other parts of the face. Little is known as to the cause of roseola, but a few doses of Aconite or Gelseminum frequently suffice for its removal.

Some American writers call this eruption *Rubeola* and the genuine measles *Morbilli*, but Fox, Neumann, Hebra, Cauty, Wilson and others consider Rubeola as measles.

Scarlatina.

Scarlatina or Scarlet Fever is an acute contagious disease, characterized by a scarlet-red rash over the whole or a greater part of the surface of the body, accompanied with fever, sore throat, and a slight hyperæmia of the kidneys. The contagion of scarlatina is quite as unknown to us as that of measles; it appears to be contained in the exhalations of the patient and to be communicated to the sur-

rounding atmosphere. The period of incubation appears to be shorter than that of measles and to amount to about eight days. The disposition to take the disease ceases mostly after a single attack for the whole life, although there are also exceptions to this rule.

In most cases there is but little if any disturbance of the health during the stage of incubation; sometimes we have lassitude, depression and malaise. The prodromal stage is ushered in by febrile symptoms, frequent chills alternating with dry burning heat, pulse 140, and an elevation of temperature to 104° F. With these are soon associated dizziness or severe headache, nausea or vomiting, redness and swelling of the tonsils and soft palate. (In scarlatina and measles the soft palate is early reddened, but in measles this is in patches, while in scarlatina it is more evenly punctated.) There is a feeling of dryness and burning in the throat, which is increased by attempts to swallow. Young children are very apt to have convulsions during this stage, which cease with the breaking out of the eruption; but convulsions after the eruption is fully out are far more dangerous and too frequently fatal. The prodromal stage may last a few days and in some cases may be entirely absent. The stadium eruption begins with an increase of fever and of all other phenomena. On the second day the rash appears on the neck and face, and is made up of small red dots which crowd together, forming patches of various size and extent; after a while the whole surface becomes of uniform hue; on the third day the eruption is seen on the body generally, the upper extremities, and the mucous surfaces visible to the eye; on the fourth day the lower limbs are scarlet, whilst the surface is hot, dry and harsh. The eruption is most marked about the third or fourth day, and it is in general more intense in color towards evening, especially on the loins and flexures of joints. On the trunk it is often patchy. The eruption fades on the fifth day, first

on the face; desquamation follows on the eighth and ninth day, the epidermis being exfoliated according to the intensity of the eruption, on the extremities frequently in great pieces, or in fine scales.

Cauty (*l. c.*, 193) considers scarlatina the perfection of an irritant germinal disease, both in the severity of the symptoms and in the protection it affords against further attacks, as one attack of scarlet fever, however mild, is usually a safeguard for the future. The danger in scarlet fever arises from three sources, the putrefactive, the irritative and consecutive. In malignant scarlatina the putrefactive action has free course and the rash is imperfect, irregular, of a purple color; the patients are very weak and lie listless or are entirely comatose. The pulse is very small and can hardly be counted; the tongue dry and covered with sordes; the body is very hot, while the extremities are cold; the pupils are dilated; spasms or general convulsions often occur, and death too often follows with symptoms of collapse, often accompanied with œdema of the lungs.

In the irritative form the weight of the disease may be thrown on the throat. This parenchymatous tonsillitis may occur on the appearance of the eruption, or more rarely in the stage of full development, and produces great difficulty of deglutition and obstruction of the nostrils. Not only are both tonsils generally attacked, but the tissue around the tonsils is also involved in the process, which ends in the formation of abscesses, or gangrene in the worst cases, which may be recognized by the cadaverous smell before it is perceived by the eye. It soon extends to the surrounding parts and terminates life with a filiform pulse, quickened respiration, cold extremities and retention of urine and feces. Or the tonsillitis may take on a diphtheretic character. There is then in the beginning not so much difficulty in swallowing, but the nasal cavities and fauces are almost always simultaneously

attacked, and the at first apparently harmless secretion from the nose soon changes into a yellowish offensive one, irritating the skin over which it flows. On inspection of the mouth, fauces and pharynx, dingy white patches may be seen adhering to the red œdematous mucous membrane, which soon become detached and leave unhealthy ulcers.

The cervical glands on both sides are swollen. The patients lie in a comatose condition; the pulse is small and very frequent and the temperature 106 to 107° F. Sometimes a laryngitis, showing itself more by hoarseness than by cough, complicates the disease and hastens death. These complications have no influence upon the eruption, if the patients survive this stage. The inflammation sometimes extends through the Eustachian tube into the cavity of the tympanum, and gives rise to an internal otitis, which may lead to a perforation of the membrane and to caries of the os petrosum, causing an obstinate otorrhœa and a more or less considerable deafness during life.

During or shortly after the eruption is out, inflammation of the subcutaneous cellular tissue and the submaxillary glands may lead to great danger. This affection is similar to the typhous metastases. This painful swelling is recognized rather by its hardness than by redness and swelling of the skin; it increases sometimes rapidly in size and seldom ends in resolution; much oftener in the formation of abscess or gangrene. (Neumann *l. c.*, 123.)

The third danger arises from the affection of the kidneys. In all such cases we find too often a very mild eruption with hardly any fever, the throat may also be only slightly affected or not at all, and still the kidneys are seriously involved from the very start and may show afterwards that notwithstanding the absence or mildness of the febrile symptoms they have been disorganized by the result of germinal disease. Cauty says (*l. c.*, 196)

in all fevers in which there is pain in the loins the kidneys are affected; in scarlet fever we have the renal secreting surfaces especially attacked, at the same time the blood is forced into these glands, and the compensating or relieving action of the skin arrested. As a consequence of the state of congestion thus produced, we may have permanent disease or disorganization of these glands, or more frequently imperfect action for a time more or less prolonged; during which time the aqueous constituents of the blood exude into the areolar tissue, causing general dropsy, which may or may not be connected with albuminuria.

It is no uncommon thing to see rheumatoid affections with swelling of the joints, with much pain and tenderness, during the eruption, and even continuing during the stage of desquamation.

The prognosis depends on the amount of germinal matter taken into the circulation and the power of resistance possessed by the patient. The scrofulous diathesis offers an unfavorable soil, and glandular complications are here frequently noticed.

Therapeutics. Hydropathic Treatment. The wet-sheet pack once or twice a day should be applied as long as the fever is high, and tepid sponging frequently used. Where the feet incline to be cold, particular care must be taken to have them warm and comfortable whenever the pack or any general bath is resorted to, and hot bottles or hot footbaths answer this purpose. The anginose form may be treated with the constant application of cold wet linen cloths, well but loosely covered. In the putrid form the coldest water or pounded ice should be frequently applied round the neck and bits of ice occasionally taken into the mouth. Where there is great sickness and nausea during the eruptive effort, apply very cold compresses to the abdomen. Excessive restlessness, anxiety, delirium, headache may be relieved by a hot foot-bath, or a warm hip-bath and cold compresses to the head.

Hygiene and Prophylactics. Belladonna gained a deservedly high reputation as a prophylactic, but it acts only as such in the smooth variety; whereas we see now far more frequently the papular and even vesicular form, for which Rhus answers a better purpose. The separation of the well from the sick may be recommended, especially for scrofulous children, and in malignant epidemics it is imperatively demanded. The temperature of the sick chamber should be kept cool, about 59° F., and well ventilated; it ought to be thoroughly aired twice a day. The dry, harsh, hot skin demands careful sponging. Fresh cool water or lemonade are appropriate drinks; as nourishment, gruels made pleasant to the taste, milk and water, stale bread, and after a while milk; we had better be careful not to give animal food to early. Even in malignant cases with a typhoid character we would not advise alcoholic stimulants, or only in exceptional cases. Instead of sponging, some physicians use inunctions with lard in order to soothe the inflamed skin.

Our old school friends recommend to begin the treatment with a mild purgative to remove irritating ingesta or acrid secretions from the alimentary canal, and a few hours later liquor ammoniæ acetatis. Carbonate of ammonia, the dose according to the age of the patient and the severity of the disease, is a favorite mode of treatment, as it calms irritability, tranquilizes the nervous system, induces sleep, promotes the eruption, subdues fever, heat and delirium, soothes the throat and alimentary canal, and diminishes the quantity of viscous matter secreted by the mucous membrane of the fauces. Gargles pro re nata for the throat, of chlorate of potash and nitric acid āā. ʒ i. to ℥ viii. water.

Homœopathic Treatment. The precursory stage is far better controlled by *Veratrum viride* than by Aconite, and in moderate cases this remedy alone may carry the patient safely through. Cerebral symptoms may indicate

Bell.; the angina requires Bell., Baryt., Calc., Merc. sol. or Jod.; when gangrene threatens, Amm., Arum, Ars. jod., Lach., Chin., Arsen., Chin. sulph. Calc. carb. is nearly specific for the parotitis which sometimes sets in during or after the disease. The dropsical symptoms hint at Apis, Arsen., Digit., Helonias, Helleb., Hepar, Rhus, Terebinth. As special indications we would mention:

Ailanthus: Adynamic malignant scarlatina with general prostration and strongly marked cerebral affection; violent vomiting, dizziness and photophobia, muttering delirium, stupor and insensibility; pupils dilated; pulse small, weak, often irregular; skin harsh, hot and dry; livid eruption, more profuse on forehead and face; great thirst with dry, parched tongue; the throat congested, dark-colored, in some cases ulcerated and attended with great glandular swelling.

Apis. Dry nose, dryness of the throat, skin very red, hot and sensitive, somewhat relieved by cold sponging; great restlessness and nervous agitation; an œdematous appearance around the ulcers of the throat, with stinging pains; suppression of urine more frequent than repeated and painful urination; redness, heat, burning and dryness of the tongue; post scarlatinal dropsy, especially with hydrocephalic symptoms; scarlatina typhosa, the whole nervous system resting under the paralyzing influence of the poison.

Ammonium carb. Enlarged and livid tonsils covered with a rapidly degenerating, sticky, offensive mucous slime; burning pains in the throat; sticky salivation; faintly developed eruption; heaviness of the head; drowsiness; stertorous breathing; involuntary stools. Hard swelling of the right parotid and lymphatic glands of the neck, with tendency to gangrene.

Arsenicum. The eruption delays or grows suddenly pale, livid, or is intermixed with petechiæ; malignant sore throat; different dropsical affections; dyspnœa; extreme

restlessness and anxiety; rapid prostration and emaciation; burning heat internally with a cold external surface; frequent weak pulse; cold perspiration. British writers recommend Arsen. to hasten desquamation and repair of the skin and to restore the lost tone of the kidneys.

Arum triphyllum. Malignant scarlatina. Complete stoppage of the nose with constant discharge; breathing with open mouth; wings of the nose ulcerated; upper lips sore and red from the excoriating discharges; moist cough with excoriated feeling in the fauces and larynx during the day and spasmodic night cough compelling him to sit up; redness of the tongue with elevated papillæ; putrid sore throat; submaxillary glands swollen; urine abundant and pale; eruption all over the body with much itching and restlessness; stiffness of the neck; during desquamation.

Baptisia. Typhoid scarlatina; extensive ulcerations of the throat; great fetor of the breath; nausea followed by vomiting; tonsils inflamed; diphtheritic ulcers; dry sore tongue, coated at first white with reddish papillæ here and there, followed by a yellowish-brown coating in the centre, the edges red and shining; slight delirium; burning heat of face; opressed breathing; dysenteric stools; scalding, high-colored urine; continued fever with great prostration.

Baryta carb. Enlargement and induration of the parotids and glands of the neck, with pains in the head and ears; salivation or else dryness of the throat, and pressing, stinging pains when swallowing; glandular sequelæ of scarlet fever.

Belladonna. Congestion to the brain, with delirium; horrible illusions on closing the eyes; wants to sleep and cannot sleep; anxious sleep full of dreams, with starting; throbbing of the carotid arteries; involuntary movings of the hands to the head; bending the head backwards; head hotter than other parts of the body; eyes injected; face

fiery red, or pale and puffed, or sunken; tongue white with red edges, or else red all over with raised papillæ; violent inflammation of the throat and tonsils, with stitchings, pains and spasmodic contraction; inability to swallow liquids, which frequently return through the nostrils; violent thirst, with or without dread of water; suffocating sensation on turning the head or touching the pharynx; external swelling of the neck; vomiting.

Bryonia. Delay or sudden retrocession of the eruption, with symptoms of pleuritis or meningitis.

Calcarea carb. A perfect specific for the throat affections, parotitis or swellings around the neck, especially when the eruption is already fading; also for the affections of the chest, even when a tendency to paralysis prevails; aphthæ on the tonsils and roof of the mouth; scrofulosis.

Camphora. In desperate cases; commencing rattling in the throat; forehead and breath hot; hot perspiration; limbs cold and purple; sudden and complete prostration of the vital forces, with great coldness of the surface; sudden retrocession of the eruption, with cold skin and great prostration.

Carbo veg. Last stage (in articulo mortis) with rattling in throat and complete sinking of vitality; cool breath and extremities, and still the patient wants more air or wants to be fanned all the time; sticky, cold perspiration.

Cuprum. Convulsions before the eruption breaks out, or when it quickly disappears, with shrieks; rolling of the eyes; distortion of the face, mouth and of all the flexor muscles; great restlessness, throwing the body about; vomiting; cold face, blue lips, coldness all over; sopor; delirium; aggravation by contact.

Gelseminum. Intense fever, with nervous erethism during the prodromal stage; asthenic forms of scarlet fever, with profound and intense prostration of the whole muscular power; cerebral intoxication; pulse frequent, soft,

weak, sometimes imperceptible; impaired vision; spasms and paralysis. Symptoms are often remittent.

Helleborus. Dropsical symptoms in consequence of nephritis.

Hepar sulph. For all sequelæ which retard convalescence. Croupy inflammation of the nasal mucous membrane during proruption and efflorescence; swelling of the parotid and submaxillary glands; decrease of the urinary secretion, with traces of albumen or cylindrical tubuli; fully developed dropsy, with albuminuria; scrofulosis.

Hydrocyanic acid. The eruption in its early appearance is dark-colored and soon becomes livid, only slowly regaining its color after pressure of the finger; rapid, feeble pulse.

Hyoscyamus. Great nervous excitability without much cerebral hyperæmia; convulsions, with jerking of the limbs; stupid drowsiness or else great nervous excitability and sleeplessness; either stupidity or illusions of the imagination and senses; vacant staring at things or else sparkling, red, prominent eyes; embarrassed, indistinct speech; answers no question or else indistinct muttering loquacity; mouth and throat dry and red; inability to swallow; abdomen distended, tympanitic; paralysis of the sphincter muscles.

Kali carb. Swelling of the right parotid gland; fever and restlessness; always worse about three o'clock in the morning; smell from the mouth like that of old cheese; great dryness of the skin; œdematous swellings, like little bags, between the eyebrows and upper eyelids.

Lachesis. Scarlatina maligna; threatening gangrene; deep redness of the tongue and fauces; the sore throat and the membranous deposit commence in the left tonsil and spread towards the right; external swelling of the neck and glands, with great sensitiveness even to the slightest touch; saliva abundant and tenacious; torpid peripheral circulation, with cool surface and cold perspi-

ration; passive hemorrhages of dark fluid blood; urine very dark colored; dullness of the cerebral functions; heaviness of the head and pains deep in the brain, aggravated by external pressure; muscular prostration.

Lachnanthes tinctoria. Stiff neck, the head being drawn to one side, after scarlatina and diphtheria.

Mercurius sol. Sore mouth, studded with small vesicles, with ptyalism and excessively foul-smelling breath; dirty-yellow coating of the tongue; great thirst; ulcerated throat and tonsils; swelling of all the glands of the neck; itching and restlessness; sweating only makes the patient feel worse.

Mercurius protojod. Excessively intense angina; induration of the parotid and cervical glands and tonsils; diphtheritic affections, with excessive muscular prostration; desire to lie down, but feels worse during rest and in a warm room; sharp, throbbing, boring pains from within outwards deep in the left ear; urine dark red and copious; after Lachesis, when there is loss of voice, hoarseness, can only lisp.

Muriatic acid. Intense redness all over the body, with great drowsiness, or the eruption is scanty and interspersed with petechiæ; typhoid condition, with anxiety and restlessness; excessive dryness of the mouth and tongue, or aphthæ and ulceration of the mouth and throat, with fetid breath; acrid discharge from the nose, excoriating the nostrils and upper lip; gangrene, with sloughing of the mucous membranes.

Nitric acid. Scarlatina miliaria with very hot skin; intermittent breathing; tonsils swollen and sore, with great difficulty of swallowing; the angina extends up to the nares, with thin, purulent discharge; especially suitable to cachectic children.

Opium. Cerebral oppression, with sopor and heavy snoring; convulsions, with coma and stertorous breathing continued between the spasms; cerebral vomiting.

Phosphorus. Sudden disappearance of the eruption without any cause, the chest symptoms becoming very alarming; typhoid condition, with dry, hard tongue and lips, covered with blackish crusts; loss of speech and hearing; difficult deglutition; the patient sinks into an apathetic mood, wants nothing and cares for nothing, nevertheless there is much restlessness; inability to retain the urine; falling off of the hair.

Rhus tox. Eruption vesicular or like millet-seeds; the rash itches violently; the fever keeps rising, even after the dark looking eruption is out, with great restlessness at night; ichorous discharge from the nostrils with swelling of the glands of the throat, or epistaxis at night; tongue red and smooth; sopor with delirium; rheumatism of the joints, worse during rest; œdema of the scrotum and penis; the swollen parotid glands break open, discharging ichor copiously; impure, deep cavity, as if one could see into the throat; skin peels; relieved by scratching, worse from cold and wet.

Silicea. Scrofulosis, where the glands are greatly involved and threaten to suppurate.

Stramonium. Violent convulsions, excited by the touch or at the sight of bright, shining things, with spasmodic jerking of the limbs; paralytic trembling of the arms and hands, especially of the right, with which he constantly reaches into the air and attempts to grasp some imaginary object; restlessness, with itching of the skin; rash of a coppery-red color, dry and hot skin; coma, with rattling respiration and bloody froth at the mouth; rapid alternation of laughing, crying and singing; stupor; great dryness of the throat, compelling frequent drinking; swelling of the tongue, so that it hangs from the mouth; paralysis of the tongue.

Sulphur. Efflorescences coalesce into large spots as red as a boiled lobster, and around these spots the skin is unusually white. Cerebral affections with sopor, sudden

starting, distortion of the eyes, not yielding to Bellad. on account of the psoric condition of the patient; bloated and shining red face; dry nose; dry, cracked, red tongue, covered with a brownish mucus; hot flashes, the skin hot and itching; thirst, and difficulty of swallowing.

Terebinthina. Albuminuria and uræmia following scarlatina; intoxication, confusion, languor, relieved by profuse urination; aching pains in the whole head, with vomiting; excessive fulness and pressure in the head causing her to scream, the pains come and go; thirst, but drinking causes nausea and vomiting of yellow mucus; urine scanty, dark, of a black shade; ascites, œdema, more of the upper parts; frequent waking and tossing about in bed.

Veratrum viride. During the febrile stage intense arterial excitement, with cerebral congestion or irritation of the spinal centres; convulsions, with greatly dilated pupils; perfect sleeplessness. It is also useful in certain sequelæ of scarlatina, as acute rheumatism, dropsy, when inflammatory symptoms are present.

Zincum. When the dark looking eruption fully covers the body, or when the eruption has retroceded and the child lies motionless and unconscious; involuntary jerking and twitching of the muscles; grinding of the teeth; screaming spells; loss of speech; occiput very hot and forehead covered with a cold perspiration; the face is distorted; body and limbs cold, and of a bluish hue; pulse thread-like and difficult to count; all symptoms clearly pointing to an impending paralysis of the brain.

Variola, Small-pox.

Variola is an acute contagious (germinal) disease, of febrile character, during the course of which an erythema appears on the skin, giving, even at an early period, the sensation of granulation to the touch, changing to papules, which soon develop into vesicles, pustules and crusts, and

which runs a definite course. This development may be arrested at either of these progressive stages, giving us the difference between variola and varioloid.

Wilson (*Lectures*, p. 159) remarks that there is much interest in observing the progressive advance in development of the variolous pock:—at first a mere point represented by the congested aperture of a follicle; then a conical papule, the follicle being still further congested; thirdly, a vesicle caused by effusion of liquor sanguinis around the papule, the centre of the vesicle being, as it were, pinned down by its connection with the epithelial sheath of the follicle. Effusion now becomes more abundant and active, the vesicle swells by its circumference, while it is depressed or, as it is technically termed, umbilicated in the centre, and so the pathognomonic vesicle of variola and vaccinia is produced. Later on the cavity of the vesicle is invaded by pus, the pus accumulates and breaks through the central point of adhesion of the vesicle, and so the arched dome of the mature small-pox pustule is produced. Subsequently the pustule and pus both dry up into an amber-colored scab, which remains for some time imbedded in the skin, and when at length the scab falls off a permanent cicatrix is left behind.

There are four stages in small-pox. The prodromal stage is characterized by fever, pain in the joints and back and in the scrobiculus cordis. The intensity of the symptoms does not always indicate the severity of the disease, for very severe febrile phenomena may precede a mild attack. The skin is sometimes reddened by an erythematous blush. Exacerbations occur in the evening. This stage lasts from twenty-four to seventy-two hours, and if longer gives an unfavorable prognosis (in drunkards and in pregnant and puerperal women).

The stadium eruptionis follows, the eruption making its appearance on the third day after the first occurrence of constitutional disturbance, and traveling over the entire

body within a day, thus relieving the febrile onset. The spots appear first of all on the face, about the forehead, and then extend to the trunk and limbs. On the second day of eruption—fourth of disease—the papules are transformed into vesicles. On the third day of eruption—fifth of disease—umbilication commences as a central depression, the vesicles change into whitish pustules, surrounded by an inflamed areola. The pustule matures on the fifth or sixth day, and is complete on the eighth day. Between the eighth and eleventh day of the eruption secondary or suppurative fever sets in, when the stage of dessication is reached. The crusts fall off in the next three or four days (fifteenth day of disease), exposing raw, red surfaces, which desquamate and by and by leave behind red-looking marks, which gradually fade, and too often assume the well-known aspect of small-pox marks.

Small-pox is said to be *discrete* when the pustules are scattered over the surface; *coherent* when the eruption is plentiful but the closely packed pocks are still distinct; *confluent* when they run together; *modified* when the disease succeeds to a prior attack or occurs after inoculation.

The mucous membrane is involved in the variolous process and presents eruptions similar to those of the skin, but the course of the eruption differs, and this difference finds its explanation in the structure of the mucous membrane and its glands, in the quantity and temperature of its secretion, and in the limited access of atmospheric air; each of these peculiarities tending to effect a rapid development, a speedy collapse, and finally a complete detachment of the eruption. While, therefore, on the beginning of the fourth day the swollen follicles on the outer integument are in the form of papules, we notice already on the mucous membrane, white, aphthous-like efflorescences of the size of the head of a pin, on a reddened and swollen base; these efflorescences increase in

number and size, and when the formation of vesicles is hardly completed on the outer integument, those on the mucous membrane are found to be in the stage of desquamation. Thus we also find them on the mucous membrane of the nose, pharynx and upper third of the œsophagus, sometimes in the stomach, on the epiglottis, in the larynx and trachea, on the bronchi to the third division, in the urethra and rectum, on the labia, on the conjunctiva palpebrarum et bulbi, and in the external auditory canal. The symptoms caused by small-pox on the digestive and respiratory tracts are: great pain in swallowing (with infants sometimes so severe that they refuse all nourishment and die of starvation), flow of saliva, hoarseness and symptoms of bronchitis from the catarrhal inflammation of the mucous membranes. Catarrhal ulcers in the intestinal canal may produce diarrhœa.

Variola has long been considered one of the most fatal of all diseases, which fatality is due to the association of great and persistent putrefactive virulence in the disease germs; and we find, therefore, already in the prodromal stage, great depression from the excess of putrefactive force; and sleeplessness and delirium are permanent features of the variolous fever, and frequently last during the whole disease. This putrefactive agency is sometimes seen in the sanguineous contents of the vesicles or hemorrhage round their bases; and even after pustulation, the intermittent fever that may replace the continued fever shows that this agency is still permanent and influential.

Thus patients may die of small-pox at any period of its course from the putrefactive action. They may also die from its irritative action, exhausted by the contest under unfavorable circumstances; they may die from the mechanical results of the swelling and œdema that accompany the eruption; and they may die from effusion into various cavities, or from the inflammations of various

organs, that are concomitants of continued fever. Hebra states that he has noticed that when any one marked with small-pox has a second attack it is always fatal.

It may be well to remember that the severity of small-pox is always in direct ratio to the number of pustules formed; for the more numerous the points formed by the irritant action, the more favorable is the case to the growth of the disease germs, with their putrefactive action.

Simon remarks that the urinary secretion of variola undergoes changes having relation to the various stages of the disease. During the prodromal fever, the urine is diminished in quantity and increased in specific gravity, its color is deep and red, it is frequently turbid, and often contains a small quantity of albumen. During the eruptive stage the urinary secretion is diminished, is of an unpleasant odor, turbid, with an apparently purulent mucous sediment, and continues in the same state during the suppurative stage; during the period of desquamation, it is either normal or anæmic; in the putrid form the urine appears decomposed, ammoniacal, and not unfrequently of a dark-red color, from the presence of hæmatin.

Therapeutics. Hydropathic treatment: First. During the prodromal stage packs in sheets wrung out of tepid water, and cold compresses on the head, frequently changed. Second. Tepid full-baths during the eruption and during the suppurative stage, at least three times a day. We find that the patient sleeps quietly for several hours after each bath. Third. During dessication, full-baths again, which hasten the falling off of the crusts but do not prevent the formation of pits.

Proper ventilation is the most important point in the treatment of all acute germinal diseases. With a current of air all the exhaled gases pass away, lessening the danger of re-absorption and of communication. Perfect ventilation can only be obtained by a good open fire,

in winter or summer, and a moderate sized room. With these conditions the temperature can be kept neither too cold nor too hot, and without draughts. (In Vienna, small-pox patients are kept in tents open to the air, and they recover better and quicker than when kept in barracks or in a hospital.) The room should be devoid of every article but such as are absolutely necessary, and to lessen the danger of the disease spreading, the air should be kept impregnated with carbolic acid vapor, all clothes placed in carbolized water before removal, all toys, books, newspapers and other perishable articles burnt in the room, and after the case is over, the room should be fumigated with sulphur fumes and woolen articles should be baked in an oven.

The uncomplicated form of small-pox requires only expectant treatment, a cooling regimen, sponging the skin with tepid water and, where the tongue is coated, opening the bowels by gentle purgatives.

The Carbonate of Ammonia treatment is the only one yet known which appears to have any decided effect upon variola. Vaccination has been observed to possess the power of modifying variola, even when an attack of the latter has commenced. As regards local treatment, every precaution should be taken to prevent the rupture and laceration of the pustules by the nails of the patient, in efforts made to relieve the itching by which the dessicating process is accompanied. To relieve the heat and dryness of the skin, some recommend anointing the surface plentifully, especially the face and hands, with the benzoated ointment of oxide of zinc. This should be applied pretty thickly, and repeated as often as it dries up or becomes thin from wiping or rubbing. Some fragments of tissue paper pressed gently on the ointment will further contribute to the protection of the skin.

Great benefit is derived from opening the matured pustules with a sharp lancet in a horizontal direction, gently pressing

from them their contents, and removing the latter by means of a sponge moistened with carbolized water or with an infusion of poppies. This plan accelerates materially the healing of the ulcerations, and prevents the formation of deep and disfiguring cicatrices. The sponges ought to be frequently renewed and those used burnt up. Others recommend the mercurial ectrotic treatment (℞. Mercury 95 parts, balsam of styrax 48, common plaster 312, wax, resin, turpentine, equal parts 16, gum ammoniac, bdellium, olibanum, myrrh, āā 5, saffron 3, spirits of lavender 2. Misce, f. emplastrum). The plaster should remain on for at least three and up to seven days, the whole face being covered with a mask made of this plaster, merely leaving a space for the mouth, nostrils and eyes. The proper period for its application is the second or third day of the eruption. Bennet, of Edinburgh, uses a more simple mercurial ointment with equal benefit (℞. Unguentum Hydrargyri fort. ʒ i., powdered starch ʒ i.), applying it morning and evening.

The application of collodion for ectrotic purposes is highly recommended. It possesses the advantages of extreme cleanliness and of enabling the physician to see what is passing beneath. Its contractility also increases its usefulness, and its application is free from the objection of producing salivation.

Many authorities assert that pitting can be entirely obviated if the light be fully shut out. In proportion to the exclusion of light and air from the pustules their development is checked, they become shrivelled and quickly dry up.

Concomitant symptoms or diseased states, as pneumonia or pleurisy, etc., must be treated pro re nata. They frequently have no influence whatever on the course of the cutaneous eruption.

Besides the pits, which frequently remain during life, special mention should be made of some affections of the

hair follicles and sebaceous glands which appear soon after the termination of variola, and disfigure the skin of the face, especially that of the nose, and may even result in the formation of painful tumors, which are designated as false keloid. Such affections take on the form of comedo, of acne pustulosa and indurata, of wart-like elevations, in whose centre the orifice of the follicle is seen (variola verrucosa), of teat-like, soft, pendant tumors, or of cicatricial bands. The same remedies which are of service in seborrhœa and acne will also be used with success here. The excrescences and bands of skin are to be removed with the scissors.

Westphal (*Archiv f. Dermatologie*, 1872) directs our attention to morbid states of the central nervous system, showing themselves by disturbances of speech, by ataxia of the extremities, and by paralysis of the sphincter ani et vesicæ, with decubitus.

Homœopathic Therapeutics. During the fever period: Acon., Bellad., Gelsem., Veratr. vir. During the eruptive fever: Ant. crud., Bellad., Cauloph., Cimicifuga, Hydrast., Mercur., Stramon. During maturity: Baptisia, Carbol. ac., Hydrast., Mercur., Sulphur, Thuya, Variolin. During dessication: Mercur., Sulphur, Thuya, Variolin. For hemorrhagic pocks: Amm. carb., Arsen., Crocus, Baptisia, Ipec., Hamam., Solan. nigr., Sulph. ac.

Aconite. First and early part of the second stage. Apprehension of a fatal issue; high fever; great restlessness.

Ammonium mur. The eruption is well developed upon the trunk and upper extremities, but scanty on the lower extremities; sore throat with swelling about the neck; hemorrhages.

Ammonium carb. Hemorrhagic diathesis from fluidity of the blood and dissolution of the red blood corpuscles.

Antimonium crud. Gastric state, with vomiting and heavily coated tongue, especially during the prodromal stage.

Apis mel. Erysipelatous redness and swelling, with stinging, burning pains in the skin and throat; absence of thirst. At the later period, when there is great dyspnœa, restlessness and scantiness of urine.

Arsenic. Asthenic cases, with great sinking of strength, burning heat, frequent small pulse, great thirst, great restlessness; irregularly developed variola with typhoid tendency; hemorrhagic variola; metastasis to the mouth and throat, in the last part of the eruptive period.

Baptisia. Typhoid symptoms; fetid breath; pustules appear thickly upon the palatine arch, tonsils, uvula and in the nasal cavities, but scantily on the skin; profuse salivation; great prostration, with excessive pains in sacral region. After taking Baptisia the appetite improves and the patient is able to take and to retain nourishment.

Belladonna. Cerebral congestion, with high fever during the first stage; intense swelling of the skin and of the mucous membrane, with tickling cough, dysuria and tenesmus of the bladder; sleeplessness with desire to sleep; delirium and convulsions; photophobia; ophthalmia.

Bryonia. Precursory stage with gastric symptoms, or later when the chest symptoms indicate it.

Camphora. Sudden collapse with coldness of surface, the swelling of the skin suddenly sinks in, and the pustules seem to dry up from the complete giving out of the life-forces; excessive weakness; the patient though cold, cannot bear to be covered. It must be given low and frequently repeated.

Cantharis. Hemorrhagic variola; patient passes bloody urine with cutting, burning pains.

Carbo veg. Asthenic variola, with cold breath and excessive prostration; great desire for fresh air; livid, purple look of the eruption; Hippocratic face.

Chamomilla. Great fretfulness of children during the eruptive stage, with the usual crossness.

China. Variola hemorrhagica, with great exhaustion from the copious, painless stools; very useful for the exhausting debility following a severe attack.

Cimicifuga. In the precursory stage, for the muscular pains; during the eruptive stage, great wakefulness, mental excitement, as if the brain would burst out; it modifies the disease, prevents the development of pustules, and thus reduces the danger of pitting.

Coffea. Restlessness and bilious vomiting at the commencement of the disease.

Gelseminum. Intense and painful fever at the commencement of the disease, with tendency to convulsions; predominance of nervous symptoms, as nervous chills, restlessness.

Hamamelis. Hemorrhagic variola, the blood dark, venous.

Hepar. Croupy cough; during the suppurative fever.

Hydrastis. Great swelling of the skin, with redness and itching; great soreness of the throat and buccal cavity, which are full of pustules; dark pustules; prostration.

Hyosciamus. Eruption does not come out at the proper time, causing great nervous excitement, with rage, anguish, delirium, coming on in paroxysms; patient wants constantly to get out of bed and to be uncovered.

Ipecacuanha. Gastricism during eruptive stage, with constant nausea.

Mercurius. It is especially indicated during the stage of maturation; ptyalism; tendency of blood to the head; irritation of the mucous membranes; moist swollen tongue, with great thirst; diarrhœa or dysentery, with tenesmus, especially during the period of dessication.

Phosphorus. Hemorrhagic diathesis; bloody contents of the pustules; hard, dry, exhausting cough, with pain or feeling of rawness in the chest; bronchitis; hemorrhage from the lungs.

Phosphoric acid. Confluent variola, with typhoid condition; the pustules do not fill with pus, but degenerate into large blisters, which, bursting, leave an excoriated surface; the patient is stupid, does not want anything, not even a drink; answers questions, but does not talk otherwise; watery diarrhœa.

Rhus tox. Typhoid symptoms, dry tongue, great restlessness, patient wants to get out of bed in spite of his great debility; sordes on the lips and teeth; confluent small-pox, with great swelling at first, but afterwards the eruption shrinks and looks livid.

Sarracenia. No reliable indications yet, though highly commended. When given, it should be in the form of an infusion.

Silicea. The suppurative stage exhausts the strength of the patient and dessication is delayed. Also for caries of bones following severe attacks of small-pox, with fistulous openings and discharge of thin pus and bony fragments.

Solanum nigrum. Hemorrhagic variola.

Sulphur. May be indicated during any stage of the disease as an intercurrent remedy when others seem to fail, or when there is any tendency of metastasis to the brain. It also acts well during dessication.

Tartarus emet. When the eruption is tardy in coming out, with nausea, vomiting, sleepiness, or for suppression of the eruption. (Some allopathic physicians rub Tart. emet. ointment on the sternum, and as the pustules form on the chest the head and throat will be relieved.) Putrid variola with typhoid symptoms, especially pneumonia typhosa, with tendency to paralysis of the lungs; variola, with vomiting of viscid mucus, clogging the air passages; pustules in the larynx, mouth, throat and digestive organs.

Thuya occidentalis. Pains in upper arms, fingers and hands, with fulness and soreness of throat; the areola

around the pustules is very marked and dark red ; pustules milky and flat, painful to the touch. Bönninghausen used it as a preventive.

Variolinum. Especially where the disease throws itself with full force on the throat. Given steadily during the disease its progress will be milder. It changes imperfect pustules into regular ones, which soon dry up, promotes suppuration and exsiccation, and prevents all scars. (Raue's *Pathology*, p. 605.)

Varioloid, Variola Modificata.

Neumann (*l. c.*, 91) assumes three forms of small-pox, each according to the intensity of the process: fiirst, Variola vera, duration thirty-one days; second, Varioloid, duration twenty-one days; third, Varicella, duration fourteen days. He considers the morbid process the same in all the three forms ; the eruptions, as well in their anatomical structure as in their appearance, are entirely identical, and the intensity of the disease only varies; the *duration of the morbid process*, which stands in exact relation to the number of efflorescences and the intensity of the phenomena, serves as the *peculiar characteristic* of the different forms of variola. The eruption occurs also on the mucous membrane of the mouth and pharynx, and the central depression of the pustule is not solely characteristic of variola, for we see it in most affections of the hair-follicles, and it may be entirely absent when the vari are not large.

Fox (*l. c.*, 83) remarks, that the distinction of variola and varioloid is well marked in the extreme degrees of either disease, but they shade the one into the other by insensible stages. At times cases are met where the eruption is simply papular and scarcely reaches the vesicular stage, yet is traceable to the action of the small-pox poison. In modified variola the secondary fever is absent ; the only stages present are those of primary fever

and eruption, and it may abort in any of the stages which are passed through by ordinary variola.

Hillier (*l. c.*, 295) considers varioloid the form which small-pox assumes when it occurs after vaccination or a previous attack of small-pox. The eruption often appears earlier, and is first seen on the wrist and on the nose. The eruption runs a more rapid course. Some pustules are regularly formed and present the central depression, but they are usually small. Some papules do not advance to the vesicular stage, and some vesicles dry up without suppuration. The constitutional disturbance is almost at an end when the eruption has appeared.

Varicella. Chicken-pox.

The disease germs of varicella are very contagious, but not very virulent. Children are the usual patients, and they have generally the disease only once. A short and usually not very sharp febrile attack of twenty-four hours' duration, is followed by the eruption of papules on various parts of the body, which quickly become vesicles, and these more or less purulent. The eruption takes place in successive crops; each batch lasting, from their commencement to final disappearance, about a week, and then leaving a permanent scar or mark. Varicella varies greatly in severity, but is never of great importance. Adults have occasionally considerable sickness, and much more fever than the slightness of the accompanying eruption would lead us to expect. The eruption may also appear on the mucous membrane of the buccal cavity and of the eye. Henoch (*Berlin Klin. Wochenschrift*, 18, 1874) and Kassowitz deny that varicella is a modified small-pox, as, though the number of efflorescences may be very great, it still runs a distinct course, never shows the depression of variola, and never leaves any mark. Though varicella may rage epidemically, no case is ever observed where from its contagion persons are stricken down by

variola. The disease germs must be, therefore, entirely different from those of variola and varioloid.

It seldom needs any treatment. The occasionally attending symptoms may be met by Acon., Ant. crud., Bell., Merc., Puls., Rhus., Tart. emet., etc.

West and other authorities assert that measles and varicella are often observed to follow one another in quick succession in the same patient, but the question is still undicided whether there is any relationship between the two disease germs.

Vaccinia.

Variola vaccinia, the small-pox of cattle, is a contagious inflammation of the skin, prevalent among cattle and occasionally communicated to man. It is characterized by the development, upon an inflamed basis, of multilocular and umbilicated vesicles, which pass by degrees into the pustular form, and terminate in hard, dark-brown scabs, the latter leaving behind deep and permanent cicatrices. Constitutional symptoms accompany the eruption, which are mild during the first stages of the vesicle, but become more severe and constitute a secondary fever when the local inflammation arrives at its height and the suppurative process is about to be established. Although vaccination gives no absolute protection against small-pox, yet the severity of the process is so modified thereby, that those who have been vaccinated well mostly have modified variola, and the mortality of the vaccinated to the non-vaccinated is as 4 to 14.

In performing vaccination, either the cow-pox lymph or humanized virus is used. Great care should be taken to get reliable lymph, as cow-pox lymph quickly loses its virtue, and when using humanized virus only that of healthy children, sprung from healthy parent stock, ought to be used. A dose of *Sulphur* should be given on the fourth day after the operation. If any unpleasant symp-

toms, such as erysipelas, eruptions, etc.—the off-shoots of latent dyscrasia—are developed, *Silicia*, in a high potency and in a single dose, is indicated. *Psorinum* may be needed, or even some other remedy, according to the presenting symptoms, such as Graphites, Petroleum, etc.

There are authorities who deny the co-existence of different exanthemata in the same patient; and wherever this is said to have happened, they term it an erythema variolosum, or affirm that one exanthema followed the other, and consider it as impossible that two disease germs can produce their efflorescences at the same time, and that such eruptions can run their courses simultaneously. We have seen that varicella and measles may co-exist, and Dr. Auspitz, of Vienna, in the *Archiv. f. Dermatologie, I.*, 1874, publishes two cases where, in adults, *variola and scarlatina* ran their course simultaneously. A boy, æt. 17, entered the hospital with variola in its fourth day, showing pustules already on the face and upper extremities and vesicles sparsely diffused over the trunk and lower extremities, but the whole body was covered by a diffuse erythema. On the eighth day of the variola the whole body was covered with a deep scarlet redness; the uvula and palatine arch and fauces livid; on some points dried variola pustules. On the ninth day of the variola the scarlatina was more intense, but the variola pustules were drying up; some albumen in the urine; finally desquamation in large pieces. The second interesting case is a *variola post-variolam.* A boy, æt. 19, entered the hospital on the fifth day of the disease, which ran a normal course, and on the eighth day dessication began. On the sixteenth day from the beginning of the first eruption, a new febrile attack set in, with pain in the loins, pulse 120, temp. 104; this prodromal stage lasted three or four days, when the whole body became again covered with variola papules, running their regular course to suppuration and dessication. Richter describes a similar case of

variola after variolam on the thirteenth day of the disease, and Speyer another, after ten days.

Tables of Differential Diagnosis.

Rötheln.	*Measles.*
Scarcely any precursory stage, the eruption ushers in the disease.	Preliminary symptoms. Fever and catarrhal symptoms.
Eruption on the first day and generally spreads rapidly all over.	Eruption on the fourth day, spreads from the face all over in about forty-eight hours.
Eruption closely resembles measles. In some cases more general efflorescence; fades rapidly; all gone by the second or third day; little or no desquamation.	Eruption crescentic, with intervening healthy skin, lasts about five days, followed by desquamation.
Catarrhal symptoms rarely present and quickly disappear.	Catarrhal symptoms characteristic.
Bronchial symptoms especially absent.	Bronchial symptoms always present.
No sequelæ.	Generally sequelæ.

An attack of measles does not protect from an attack of rötheln and *vice versa*.

Rötheln.	*Scarlatina.*
No precursory symptoms.	Precursory symptoms severe.
Eruption on the first day on the face and spreads rapidly over the body.	Eruption on the second day, first on neck and chest.
Eruption rarely confluent, discrete, crescentic, papular; gone by the second day, followed by no desquamation.	Eruption efflorescent, uniform desquamation after the seventh day.
Rarely sore throat or bronchitis, some coryza.	Sore throat, rarely coryza or bronchitis.
Tongue white with red edges.	Red "raspberry" tongue.
No sequelæ.	Sequelæ.

An attack of scarlatina does not protect from an attack of rötheln and *vice versa*. (*U. S. M. & S. J.*, Oct., 1871.)

Measles.	*Scarlatina.*
Rash appears on the fourth day.	Rash appears on the second day.
Begins near roots of the hairs in spots slightlv elevated.	Begins on neck and face.
Color brownish-red.	Color rose-red or crimson.
Crescentic arrangement, with normal skin between redness.	Punctiform, almost uniform.
Slight branny desquamation.	Copious desquamation.
Accompanying symptoms, coryza and cough, heat of skin moderate.	Accompanying symptoms, sore throat, strawberry tongue, great heat of skin, rapid pulse.

Variola.	*Varioloid.*	*Varicella.*
Rash on third day.	Rash on second or third day.	Rash on first or second day.
First on forehead.	First on wrists.	First on back.
Shotty papules, going on to umbilicated vesicles and then to pustules, with much inflammation around; often confluent.	Shotty papules, soon becoming vesicles only, others pustular, but pustules small and not confluent.	Papules, some not advancing, others vesicular, a few pustular, without umbilication; eruption irregular in progress.
Thick scabbing and scars left.	Scabs seldom leaving scars.	Usually no scars.
Accompanying symptoms, pain in back, vomiting and fever; secondary fever.	Symptoms as in variola, but milder at first; no secondary fever.	Constitutional symptoms insignificant.

Hillier (*l. c.*, 299).

Erysipelas.

Erysipelas is a diffuse inflammation of the skin, as a rule contagious (caused by disease germs), and consists in

a highly hyperæmic state of the cutis, in a profuse infiltration of serum within the cutis and subcutaneous areolar tissue, and in a participation of the lymphatics in the inflammatory process.

The common features of the disease termed erysipelas are irritation and putrefaction; the special features are absence of protective power against future attacks, and the increase locally of the disease germs. The erysipelatous germs are very contagious, and their virulence grows with increase of quantity. The disease generally begins with a sharp chill, during which the temperature of the body rises to 104° F. and over. Accompanying this are disturbances of the brain and stomach, which increase with the advance of the disease, and disappear with the abatement of the skin symptoms, which follows in the course of from eight to fourteen days. As the disease subsides, the skin becomes of a pale-red color, the swelling decreases, but some œdematous thickening may remain for some time; the skin is now covered with abundant scales or crusts, and suppuration of the cellular tissue often occurs; also abscesses and furuncles. The hairs fall from the head and beard, but grow again afterward. Occasionally a gangrenous destruction of some portion of the skin occurs. It is usually divided into E. simplex and E. phlegmonodes.

In erysipelas simplex the inflammatory action is sthenic, the general symptoms are not grave, and the structures, though perhaps extensively are not very deeply implicated. In erysipelas phlegmonodes the general symptoms of invasion are severe, rigors are severe, fever runs high, delirium is commonly present, typhoid symptoms often set in at an early date, and the patient is in considerable danger and death may ensue. The characteristic of the local disease is the great rarity of the occurrence of resolution; suppuration ensues which may be very extensive, the cellular tissue, the fascial, the intermuscular septa, all

partake in the diseased action; the erysipelatous blush nearly disappears, but the swelling increases. About the fifth or sixth day either improvement sets in, or, where the virus is very active or the patient's health markedly bad, the sloughing and the destruction of the cellular tissue may be extensive (E. gangrænosum). Death mostly ensues by pyæmia, pneumonia and œdema cerebri. Erysipelas is also divided into *idiopathic*, arising from constitutional causes, and *symptomatic* or *traumatic* erysipelas, following a wound or injury in any part of the body; a blood-poisoning, a disease germ, in either case spreading by lymphatic absorption and diffusing itself all over through the veins, is the cause of the erysipelas, although we may not always be able to detect the source of the infection.

Erysipelas simplex hardly needs any treatment. A favorite remedy with the old school is the tincture of the perchloride of iron, ten to twenty drops every two hours. Authorities differ greatly as to external applications. Great relief is obtained by dusting the parts affected with powdered starch or flour; others praise carbonate of ammonia or quinine, with a little acid for internal treatment. As to whether erysipelas should be treated with warm or cold, even ice-cold, applications, is still undecided, most authors preferring cold applications when there is high fever and great tension of the skin, and at the decline of the disease or where suppuration threatens, changing to warm poulticing. To check the progress of the inflammation, pencilling with iodine, tincture of cantharides or a strong solution of nitrate of silver has been recommended.

Homœopathic Treatment. During the febrile stage; Acon., Gels., Veratr. vir.; for simple erysipelas: Apis, Bell.; where bullæ arise: Canth., Rhus; for gangrene: Ars., Carb. veg., Lach.

Aconite. General feverishness, with local inflammation and tenderness.

Ammonium carb. Erysipelas of old people, with cerebral symptoms while the eruption is still out.

Apis. Erysipelas of the face and scalp, with typhoid tendency; swelling on the side of the face and temples, whitish or inclining to a delicate pink color; puffiness of the face, especially of the eyelids, with burning and stinging of the skin; sphacelated spots here and there; suitable in many cases after Bell., or in persons suffering frequently from the disease, and especially in women and children.

Belladonna. Smooth, bright-red eruption, nearly shining; cerebral symptoms predominate; delirium; stitching headache, furious look, beating of the carotids, twitchings and convulsions, violent thirst, constipation, brown-red, jumentous urine; especially when the right side is affected.

Borax. Erysipelas of the left side of the face, painful when laughing; very nervous, cannot sleep well, starts at the least noise.

Cantharides. Erysipelas bullosum, with much irritation and burning; serous exudation; typhoid erysipelas, with great restlessness, unquenchable thirst and disgust for all kinds of drink; vomiting with violent retching.

Comocladia. Burning on face and eyes, worse towards evening; excessive swelling of the face, with tormenting itching and swelling; corrosive itching of the head, with shooting pains, relieved by movement.

Graphites. Tendency to repeated attacks of erysipelas bullosum, spreading from the nape of the neck to the face, and even perspiration does not relieve; phlegmonous erysipelas of the head and face, with burning, tingling pain, glutinous exudation, with congestion to the head and roaring in the ears, swelling and induration of the lymphatics and glands.

Lachesis. When the swelling assumes a purplish hue, and the patient begins to talk deliriously as soon as he

shuts his eyes; bloated red face, attended with heat, headache and coldness of the extremities; one sided tense headache, extending from occiput to eyes, with vomiting, vertigo, tendency to faint and numbness; E. gangrænosum.

Phosphoric acid. E. in consequence of wounds by which the periosteum is affected. Perfect apathy.

Pulsatilla. E. migrans; E. caused by indigestion, or when the patient suffers from indigestion when the eruption fades.

Rhus radicans. Phlegmonous erysipelas, especially when it begins at the ankle and gradually moves up the leg, running up in the deeper tissues.

Rhus toxicodendron. Vesicular erysipelas, whether on the scalp, face or elsewhere, with swelling and large shining redness; great restlessness; tendency rather to invade surface, than to penetrate deeply into the tissues; rheumatoid pains all over.

Silicea. Injuries of the bones; excessive suppuration, with hectic fever, caused by deep-seated phlegmonous erysipelas.

Sulphur. To eradicate the tendency to repeated attacks of erysipelas.

Veratrum viride. Vesicular erysipelas with cerebral symptoms.

Typhus and Typhoid Fever.

As it is hardly right to describe these zymotic diseases as "an irritation and eruption on the skin and mucous membrane of the intestinal canal, with fever of an infectious and contagious kind," we consider it a better plan to leave the description and treatment of these diseases to writers on general medicine, mentioning in this place only the cutaneous symptoms.

The typhus rash consists of two component parts: First. A subcutaneous mottling of a more or less livid

hue, and diffused generally over the body. Second. Petechiæ, small, scattered all over the body and showing out from the mottling; at first these are slightly raised and their color increases gradually in intensity; they do not fade by pressure, except slightly in the very early stages. The eruption of typhus is not prolonged by successive crops. It makes its appearance between the fifth and eighth day of the disease, and disappears a few days before convalescence.

The typhoid rash is characterized by the appearance between the eighth and twelfth day of disease of the rose-colored, elevated, circular, softish spots, about a line or so in diameter, on the abdomen, back of hand, arms, chest and back (if kept warm). They disappear by pressure and they appear in successive crops, each spot lasting three to four days and then gradually fading. There may be from half a dozen to a score of these spots present at one and the same time. Sudamina often co-exist with them. (Fox, *l. c.*, 87.)

Indications for Remedies for the Exanthemata.

FROM THE LECTURES OF PROF. A. R. MORGAN.

Scarlatina.

Belladonna. Great nervous anxiety and restlessness; dilated pupils (with stupor, Hyosc., Laches., Opium, Stramon.). The delirium is fantastic, especially on closing the eyes. Rapid speech (Arsen., Laches., Hepar s. c., Mercur.). Grinding the teeth (Apis, Arsen., Hyosc., Stramon.). (Arsen. patients grind their teeth when asleep.) *Characteristics.* Sore throat, with stitches extending to right parotid gland and ear (Hepar s. c., Ignat., Mercur., Nux vom.). The internal throat is of a bright

scarlet-red color (Acon., Laches., Mercur.). Constriction of the œsophagus (Alum., Arsen., Lobel.). Choking sensation in the throat, which prevents swallowing (*Canthar.*, Laches., Nux vom.). Pain worse on swallowing; aggravated by talking (Mercur., Rhus tox., Staphis.); very much worse on turning the head (Bryon., Hepar s. c., Laches.). Continual inclination to swallow (Laches., Mercur.); feels as if he would choke if he did not swallow. Constant desire to drink; drinks hurriedly, spilling the fluid all over him. (Aversion to drink, *Canthar.*). Excessive dryness of the throat. Urine either suppressed or scanty, dark-red and frequently turbid, and of strong odor (Benz. ac.). Great desire to sleep, but can't sleep, or stupor, with snoring (Nux vom., Opium). Diffused redness of surface of body.

Ailanthus. Sudden and terrible attacks, almost immediately insensibility; violent vomiting; intense headache. Great sensitiveness to noise; photophobia. Great congestion of head; pulse exceedingly rapid; drowsy and restless. Muttering delirium; rash in patches; skin livid between the little miliary points, skin cold and dry. The livid color of the skin when pressed out with the finger returns very slowly.

Ammonium carbonicum. The eruption is scanty at the outset, with rapid pulse. Threatened paralysis of the brain, with excessive vomiting (Arsen.). Repelled eruptions (Cupr. ac.), after which dysenteric, slimy, fetid stools. Attack comes on and the patient is decidedly chilly in the evening, with aversion to being moved. The eruption comes out first on the upper part of the body, with smarting and burning of the skin, aggravated by scratching. Hard swelling of the right parotid and submaxillary glands, red bloated face, ulcerated corners of mouth (Carb. veg., Bellad., Arum trif., Mercur., Nitr. ac.). Putrid sore throat; nausea and vomiting after taking food, accompanied by sensitiveness and soreness at pit of stomach

(Apis, Calc. carb., Laches., Nux vom., Sulphur). Constipation, with flow of blood from anus. Involuntary urination at night (Calc. carb., Carb. veg., Caustic., Natr. mur., Pulsat., Sepia). Exceedingly sensitive to talking and noise; awakes about 2 or 3 A.M. with a dry cough, which is very troublesome.

Apis mel. High fever, with chilliness from least movement (Merc. cor., Rhus tox., Silic.). Heat of feet and hands when the patient complains of chilliness. Headache, holds the head in hands. Burning and stinging of skin; dryness of throat; tongue dry, of deep red color, swollen and inflamed, often covered with blisters; inability to swallow; dryness of mouth, without thirst (Calad. and Pulsat.); tonsils swollen and hard; nausea and vomiting, with soreness of pit of stomach to touch. The nose is sometimes stuffed up. Complains of being swollen (abdomen retracted, Cupr. Chamom., Pulsat.). Urine scanty and high colored, voided with difficulty. Anasarcous condition, with very scanty urine; oppressed respiration; great trembling. The heat of skin and fever is changeable, comes in flashes. Delirium, the patient is inclined to scream out. Many typhoid forms. Post-scarlatinal dropsy, aggravated by heat, relieved by cold.

Arsenicum. Typhoid forms, especially at the commencement; total loss of strength; mild delirium; convulsive twitching of tendons, with excessive vomiting; violent diarrhœa brought on and aggravated by taking drink or food. Contradictory symptoms; there seems to be a fair eruption with great loss of strength. Tendency towards gangrene (Carbo veg.). Lips dry, black, often bloody. *Grinding of teeth while asleep;* tongue dry, brown and cracked. The patient is troubled with thick, slimy, fetid saliva in mouth; longing for cold drinks and acids. Bitter taste in mouth, especially after eating or drinking. Vomiting of brown substances; stools, brown or black, fetid, excoriating. Urine dark colored and bloody, voided

with difficulty. Great emaciation; trembling all over; dyspnœa. Constantly changing position. Aggravated after midnight; pains often felt during sleep. Cold perspiration, cold extremities; puffiness of eyelids. Sinks down in bed (Mur. ac.). Worse from cold, better from warmth. (The reverse of Apis.)

Arum triphyllum. Intense fever; soreness of mouth and fauces, which spreads to posterior nares; the nose is stuffed up, can't breathe through it. Ichorous discharge from nose, excoriating and furrowing the upper lip; discharge from nose thick and yellow, filling the whole nasal cavity and throat. The whole mouth is covered with ulcers, with intense soreness and burning; feels as if excoriated; saliva acrid. The mouth is so sore that the child refuses drink and cries when it is offered. Tongue red and sore, with elevated papillæ. Throat sore, feels as if excoriated. Cannot swallow; putrid sore throat; swollen submaxillary glands; ulcerated corners of mouth. Eruption all over the body, with great itching. The child picks at the skin until it bleeds. Great restlessness. Urine abundant, but pale.

Calcarea carbonica. Scrofulous subjects. Threatened paralysis of lungs. Scarlatina miliaria. Sore throat, difficult deglutition, loud rattling in wind pipe, hot breath; difficulty of breathing, with precordial anxiety. No cough; rattling during expiration. Otorrhœa. The parotid glands are inclined to suppurate.

Camphor. Collapsed conditions; mind in a serene conscious state; a peculiar staring wild look (Bellad., Hydr. ac., Lauroc.). Purple colored or pale, changeable, hot face, with hot perspiration and cold extremities. Hot, burning pains. Great sensitiveness of the stomach and abdomen. Involuntary blackish stools (Arsen., Verat.). Dyspnœa, with sensation of constriction about the throat—with hot breath (Arsen., Sulphur). Accumulation of mucus in the air passages. Cold extremities, skin shrivelled (Carb. veg.).

Capsicum. The patient is capricious; exalted sensibility of all the senses. There is a peculiar redness and burning of the face, which is not proportionate with the heat of the rest of the body. The throat smarts and burns and is of a deep red color. Burning vesicles on tongue and in mouth. (*Characteristic. The pain in the throat is always worse between the acts of deglutition.*) Tenacious mucus in the throat, which is difficult to dislodge. Dry tongue without thirst (Apis, Pulsat.).

Cuprum aceticum. Eruption disappears suddenly, with a tendency to metastasis to the brain. Quick, small, irregular pulse; the temperature is reduced; sopor; convulsive movements of the body; rolling of the eyes; facial distortion; spasmodic action of the chest.

Gelseminum. Great prostration from poisoning of the system. Cerebral intoxication. Pulse quick and weak. Almost entire loss of muscular action. The feet and extremities are cold. Heat, with *languor* and *drowsiness;* when sleeping the patient talks in delirious mutterings or half awakes at times; crimson flush of the face in all positions; suffusion of the eyes, heavy looking; throat feels as if swelled or *filled* up (Pulsat.), is diffusely red; tonsils red and slightly swelled; when the eruption recedes all the viscera are threatened. Impaired vision; spasms and paralysis.

Hyosciamus. Great stupidity; complains of nothing except thirst; difficult speech (Laches.). Does not reply to questions, or answers slowly and relapses into an unconscious state. (Tendency to repeat the last word, Laches.) At times great nervous excitability and sleeplessness; illusions of the imagination or else utter stupidity; sparkling, red, prominent eyes, or vacant staring at things; indistinct muttering loquacity. Bluish face; the mouth is open or the jaws are locked; constriction of the throat, can't swallow fluids; salt taste (Thuya); paralysis of the sphincters; paralysis of the trachea; rattling respi-

ration. The patient ceases coughing on sitting up in bed (Natr. sulph.). Repelled eruptions, with tendency to paralysis, accompanied by watery diarrhœa. Subsultus tendinum. *Aggravation* in the evening.

Hydrocyanic acid. In the early stages of the disease the skin is dark and livid, the pulse feeble and scarcely perceptible.

Ipecacuanha. Suppressed eruptions. Gastric symptoms predominate, with nausea and vomiting, accompanied by dyspnœa; sighing respiration; worse in the evening. When he sleeps his eyes are half open, he moans and groans in sleep.

Lachesis. Advanced stages; typhoid state. Smooth red or black and dry tongue, frequently cracked; trembling of the tongue and inability to protrude it; it strikes against the lower teeth; patched or map tongue (Arsen., Nitr. ac., Natr. mur., Tarax.). Loquacious delirium. Accumulation of dried mucus in nose (Kali bichr.). Throat very dry and sore; aggravated by sleep. Can't bear the touch of the bed clothes about the throat, it causes a feeling of suffocation. Throat symptoms aggravated by turning the head. Paralysis of the organs of deglutition. Throat symptoms are made worse by swallowing. When swallowing the pain extends to left ear (Kali bichr.). Liquids return through the nose. Left side of throat most affected. Suppuration of glands of the neck. Black urine (Colchic.). Offensive stools. All symptoms aggravated after sleep. Aphasia (Iodide of Merc.). Delayed desquamation.

Mercurius solubilis. After *Bellad*; aggravation at night in bed, etc.

Muriatic acid. Eruption scanty, with petechiæ, or the skin is intensely red. Great restlessness, with desire to throw off the clothing; burning heat of body, dark redness of face, purplish color of skin. The whole vital forces are prostrated, the patient sinks down in bed, pulse

intermitting in regular intervals, weak. Sighing, groaning respiration. Discharge of thin, acrid pus from the nose, excoriating the nose and lips; severe sore throat, fauces dark, bluish-red, with aphthous patches; foul breath.

Nitric acid. Diphtheretic conditions. Profuse discharge from the nose and throat of a thin purulent ichorous matter; tonsils swollen; difficult deglutition; indistinct speech; deafness; *intermittent breathing;* burning hot skin. After Nitr. ac., Phosphor. follows well.

Phosphorus. Typhoid forms—sopor, delirium; glandular enlargements; diarrhœa; burning sensations, which make him constantly change his position. Pulmonary complications.

Rhus tox. Vesicular types. Symptoms occurring about the third day; tongue dry, red and smooth, with triangular red tip. The eruption looks dark; drowsy state, with delirium; *great restlessness*; swimming eyes; rheumatic symptoms; œdema of scrotum and penis; bleeding from nose at night; swelling and suppuration of parotid glands, first left then right, with copious ichorous discharge.

Sulphur. Scrofulous subjects who have had suppressed eruptions (Hyosc., Stramon., Lauroc.). Lethargic condition; burning heat of skin. Eruption red at first but soon grows purple; diarrhœa, worse in the morning.

Zincum metallicum. Threatened paralysis of brain; complete stupor. The patient lies perfectly motionless; pulse small, thread-like, can scarcely be counted; extremities cool; jerking of the whole body or twitching of single limbs. The color of the body is bluish-red (Hydroc. ac.). The body is of a bluish color, while the forehead and face are pale; forehead cold and covered with cold perspiration. White distorted face; frightful shrill screams; short, quick breathing, but not rattling; occiput very hot; grating of teeth; involuntary discharge from bladder and bowels.

PART II.

REPERTORY.

INTRODUCTION.

Notwithstanding the fact that we have been taken somewhat to task for not comprising under the therapeutical portion of the first part of this treatise the symptomatology of all the medicines enumerated in the Materia Medica, we thought it best to continue the plan of recording only the results of clinical experience as guides to the selection of remedies; leaving the enumeration of the symptoms of the skin and their concomitants as produced by provers for the second part or repertory.

This second part will be arranged after the excellent method employed by Bell, Dunham and others; *i. e.*, the remedies will be enumerated in alphabetical order, with their arranged indications, and then will follow the repertory proper.

S. L.

REMEDIES.

Aconitum napellus.

Nosological. Adenitis. Boils. Burns. Erysipelas. Erythema. Eczema. Gangrene. Herpes squamosus et solare. Lichen. Measles. Nettle-rash. Pemphigus. Purpura miliaris. Scarlatina. Small-pox. Ulcers. Varicellæ aquosæ et conoides.

Objective. Blackness and swelling of lips; of skin all over body. Boils, on tip of nose; on back; on nates. Blotches, red, on fingers of right hand. Desquamation. Bloated face. Discharges of bloody mucus, yellow. Eruptive fevers. Eruptions; vesicular on both temples; fiery red like nettle-rash. Erysipelatous exanthemata. Erythema from sunshine, papulous. Hot skin. Inflammation of external ear; of ulcers of sexual parts. Injuries bleeding profusely. Pimples, reddish, filled with acrid fluid, size of a pin's head, filled with serum, on forehead, nape of neck and face; soon dry up and peel off. Spots like fleabites on face and hands. Swellings, red, hot; shining of parts affected; inflamed and yellow color of skin.

Subjective. Burning heat in injured parts. Burning itching all over. Contracting sensation in glands. Gnawing as if caused by electro-magnetism. Heat in glands. Hair feels as if pulled at. Itching, in pimples, of affected parts. Pinching, pressing, picking, as if caused by electro-magnetism. Stinging soreness in various parts. Tearing, drawing pains. Tingling of affected parts. Sensation as if the epidermis were separated from the cuticle by some intermediate substance, with creeping and shivering.

Aggravations. At night in bed. Lying on left side. From getting wet, and on exposure to dry, sharp wind. In children. In lying-in-women.

Amelioration. In the open air.

Accompaniments. Catarrhal inflammation from eyes to bronchi. Cough, dry, croupy, hacking, with stitches in chest. Convulsions. Dyspnœa, distressed face, gasping. Fever, full quick pulse, and thirst. Epistaxis. Headache. Nervousness. Pain in stomach and bowels, with nausea and diarrhœa. Peevishness. Great restlessness; restless sleep, with jerking and starting, grating of teeth and groaning; or sleeplessness with agitation and anxiety. Swelling of whole body and protrusion of tongue and eyes.

Aethúsa cynapium.

Objective. Boils on small of back.

Agaricus muscarius.

Nosological. Boils. Chilblains. Frostbites. Miliary eruptions.

Objective. Boils on nates. Discharges watery. Eruptions, red, yellowish, close-grained, dense, white miliary on hands. Falling off of eyelashes. Pimples on thigh; inflamed, on back of hand. Redness of toes as if frost-bitten. Tubercles on forearm.

Subjective. Burning itching as if frozen in eruption on hands and toes. Burning in fingers, lower limbs and

toes; gnawing-itching. Itching and titillation on arms forcing one to scratch. Smarting in pimples. Tearing pains in bones.

Aggravations. After coition. After moving. From outward pressure. After scratching (smarting changed to burning). Right arm and left leg most affected.

Amelioration. By walking slowly.

Objective. Scurvy; gums swollen and bleeding. Dark purple blotches on legs, which are swollen, painful, and of stony hardness.

Accompaniments. Appetite poor. Constipation. Countenance pale and dejected. Pulse small and feeble.

Agnus castus.

Objective. Excoriations and rhagades at anus. Herpes on cheeks. Hardness and induration of glands.

Subjective. Itching relieved by scratching, but returning again at once. Gnawing-itching.

Aggravation. From getting wet.

Ailanthus glandulosa.

Nosological. Scarlet fever (typhoid and black). Syphilis.

Objective. Eruption, on forehead and face, almost livid; miliary; irregular and patchy; on body and extremities, disappearing on pressure and reappearing slowly; violet hued; scaly and evanescent, and long delayed; consisting of large maculæ and bullæ, filled with dark serum. Skin hot, harsh and dry. Petechiæ. Chancre on prepuce. Syphilitic rash.

Accompaniments. Apathy. Anxiety and fear. Frightful delirium, with muttering. Dizziness, worse when rising up. Vomiting, followed by high fever, pulse small and rapid. General malaise. Pupils dilated, or photophobia. Severe headache. Sleeplessness and restlessness. Hot, red face.

Alnus rubra.

Nosological. Chronic herpes. Impetigo. Porrigo. Scrofula. Syphilis.

Ampelopsis quinquefolia.

Nosological. Scrofula. Old ulcers.

Alumina.

Nosological. Boils. Felons. Injuries. Lepra vera. Scrofula. Tetters. Tinea capitis. Herpes.

Objective. Boils over the ear; on and in the nose; on left cheek; on right side of lip; on right hip; on thighs. Humid crusts on scalp and arms. Inflammation of slight injuries of skin. Bulbous eruptions. Leprous pimples. Bleeding rhagades on hands. Humid scurfs and scalds on forearms. Serous bleeding after scratching. Moist tetters. Varices about anus. Blotches. Discharges copious, corrosive, flesh-colored, of thick mucus, slimy, tenacious, yellow. Eruption on temples Furfuraceous eruption on hands. Redness of toes. Tubercles.

Subjective. Burning in anus and toes. Gnawing in tetters. Gnawing itching. Itching, in evening in tetters on neck; in eruption. Gnawing itching. Itching and pain in soles of feet and toes, as if frozen. Stinging in corns. Eruption sore, as if excoriated.

Aggravations. In afternoon and evening. On alternate days and periodically. At new moon, during its increase and at its full. From eating potatoes. After using mercury. After lead poisoning. On getting warm in bed.

Accompaniments. Hemorrhage from mouth and gums.

Ambra grisea.

Nosological. Corns. Herpes. Tetters. Scabies.

Objective. Arthritic swelling of feet. Cancerous ulcers. Bones of forearm affected. Dryness of skin. Discharges

gray and salty. Eruption painless, on cheeks. Herpes between thumb and index finger. Scabies and herpes suppressed.

Subjective. Burning in herpes, tetters, and soles of feet. Itching on scalp, on occiput, and in soles of feet and toes. Numbness of arms as if gone to sleep. Soreness in warts and corns. Tearing in glands. Tenderness and pain in bones.

Aggravation. Early in morning on waking. In evening, while lying in bed. After lying down and having risen. In lean, aged persons.

Amelioration. From lying on painful side.

Ammonium carbonicum.

Nosological. Boils. Corns. Eczema. Ephelides. Furunculi. Ganglion. Herpes. Miliary eruptions. Purple rash. Rachitis. Scarlet fever. Scrofula. Tetters. Ulcers. Warts.

Objective. Boils around the ear; in the nose and on its tip; on face and cheeks and at corners of mouth; on chin; neck; in scapular region; on right side of chest; on shoulders and arms and right hip, with watery, bloody suppuration. Desquamation. Discharges copious, corrosive and watery. Eczema in bends of extremities. Excoriation between legs, and about anus and genitals. Eruption on face, flat, red, peeling off. Freckles. Ganglia on hands. Glands of neck, lower jaw and about ear affected. Red inflamed herpes on face. Pimples on nape of neck and forearms. Purple rash on chest. Blotches and vesicles after scratching. Rash on left side of neck and lower arm. Swelling of the cutaneous veins. Blue spot above knee. Redness of whole upper part of body, like scarlatina. Red and scarlet spots. Mealy tetters. Red ulcerating tubercles around elbow and neck. Ulcers, with fetid pus. Varices about anus.

Subjective. Burning in pimples, pustules and blisters on

face. Excessive burning in blue spots on thighs. Burning and itching in herpes. Burning, shooting and pulling, in corns, as if ulcerated. Cutting in tubercles. Itching on scalp, and in feet and toes as if frozen. Sensitiveness to cold.

Aggravation. In evening. At new moon. In cold air. During hot weather. After working in water. When touched. After scratching. After scarlet fever. In children. While chewing and eating. From hot poultices. On the right side.

Amelioration. From lying on right side and on the painful side. From warmth. From external pressure.

Accompaniments. Aversion to washing. Emaciation Profuse hemorrhages from bowels, gums and nose. Hectic fever (in scurvy). Hard swelling of right parotid, of cervical glands, and those of the axillæ. Muscles soft and flabby. Teeth fall out.

Ammonium muriaticum.

Objective. Boils on forehead. Large blotches and indurations deep under skin; inflamed, with brown red scurf and swelling of the parts. Blisters on right shoulder, forming a scurf. Blisters and vesicles on hands. Discharges corrosive and watery. Eruption on corners of mouth, peeling off. Miliary eruptions. Pimples on backs of hands, desquamating the next day. Fine rash all over for two weeks. Red spots on left chest. Flat ulcers on scrotum. Small inflamed vesicles at wrist.

Subjective. Beating and throbbing in nails. Biting on skin. Burning itching in spots on chest. Burning in blisters. Gnawing pain in bones. Itching and titillations. Itching on scalp. Itching in blotches and indurations deep under skin, burning after scratching. Pain as if ulcerated. Painful throbbing of finger-joints, as from a felon. Pinching, tearing pains.

Aggravation. In evening and at night. During men-

struation. After rising from bed. By scratching (itching changed to burning). On the right side.

Accompaniments. Hemorrhage from anus. Swelling of axillary glands.

Anacardium.

Objective. Eruptions painless and herpetic. Eczema. Dryness of hands. Pimples, with red areola and pus at tips, on lower portion of upper arm. Pustules on index finger, with red areola and exudation of red and white lymph on pressure, forming a scurf with a plug of pus beneath. Flat painful sores after rubbing. Varicose veins. Warts even on palms of hands.

Subjective. Burning itching in lower limbs and soles of feet. Drawing sore pains in ulcers. Pressure in bones. Stinging and voluptuous itching. Stinging itching on thighs.

Aggravation. In evening in bed. Periodically. Lying on the side. On moving affected part. After rubbing and by scratching.

Amelioration. While eating. In open air. *After* scratching.

Accompaniments. Hemorrhages from nose and anus. Chilliness.

Anatherum muricatum.

Nosological. Adenitis. Abcesses. Boils and ulcers. Erysipelas. Herpes. Miliaria. Measles. Pruritus. Sycosis. Syphilis. Scurvy. Small-pox. Scarlet fever.

Objective. Abscesses. Ulcers and fissures on hands. Abscesses, boils, ulcers, scabs, and pustular herpes on face. Skin cold and frigid, and pale or violet.

Eruptions, whitish and reddish, like sycosis, in vulva; pustular like confluent small-pox; like measles and scarlet fever. Excoriation of nipples. Erysipelatous swelling of arms and legs. Boils, abscesses and ulcers on legs. Red pimples, like miliaria or urticaria. Bluish scorbutic

spots on body. Painful swelling of various parts, extending to suppuration; especially of sub-maxillary and cervical glands. Red and yellow spots on face. Scarlet redness of skin. Ulcers, yellowish, violet, swollen, everted, syphilitic, on lips, on penis and in groin, on hands and legs and soles of feet. Ulcerated, indurated tumor in breast. Herpes and ulcers on scalp, with compact thick humid scabs and prurigo. Growths like warts and rupia on eyebrows.

Subjective. Formication and itching as of ants, with loss of sensibility. Lancinating, burning, deep seated pains (in tumors). Stinging and burning heat.

Aggravation. From coffee, which subsequently relieves.

Accompaniments. Drowsiness, difficulty of speaking (in adenitis). Swelling of ganglia of axillæ and chest (with breast tumor).

Angustura.

Objective. Ulcers, flat (appear after rubbing), eating into bones. Bones of arms affected.

Subjective. Pains in bones of head. Squeezing pains. Tenderness and pains in ulcers.

Aggravation. After rubbing. In bed.

Anthracinum.

Objective. Carbuncle. Sloughing. Abundant, ichorous, offensive pus. Gangrene. Whitlow.

Subjective. Violent burning pain not relieved by Arsenicum alb.

Accompaniments. Cerebral symptoms. Pyæmia. (When Arsenicum alb. seems indicated and fails to relieve, Anthracinum should be exhibited).

Anthrakokali.

Objective. Chronic erysipelas. Herpes. Nettle-rash. Purulent pimples like papulæ.

Subjective. Itching.
Aggravation. During the night.

Antimonium crudum.

Nosological. Boils. Corns. Chilblains. Conoid chicken-pox. Erysipelas. Ecthyma. Eczema. Freckles. Fungus articularis. Impetigo. Miliaria. Nettle-rash. Ulcers. Varicellæ agnosæ et conoides.

Objective. Boil on perineum. Large red bullæ on left buttock. Blotch on right knee like a mosquito bite. Blotches and bullæ as from stings of insects, especially on face and joints of extremities. White blotches with red areolæ on face and limbs. Chilblains with redness. Horny callosities on feet. Corns. Discharges tenacious and yellow. Eruptions flat, horny, like nettle-rash ; purulent, on cheeks and around nose; miliary. Pustules, with yellow-brown scurf; hard below neck, like blisters filled with pus; on face. Pimples; small, red, on right shoulder; red on knee; like vesicles resembling chicken-pox; in bend of elbow; rash-like on middle of upper arms; itch-like at carpal joint of left thumb, with brown scurf; on ball of hand and flexor brevis pollicis; large at stytoid process of left radius; on neck, under chin, and on face; red, vesicular, like varicellæ. Herpetic spots. Brown liver colored spots on both shoulders. Light brown dots on arms like herpetic spots. Bluish spots on thighs and tibiæ. Skin hard, horny, callous, thick. Hard pea-shaped swelling on left side of nape of neck under skin. Red stigmata with little white tips in the centre, on anterior side of neck. Chest dotted with fine red points. Rash behind ears, between scapulæ, and on nape of neck. Inflammatory swellings. White tubercles on legs, surrounded by a small red circle. Ulcers, deep, flat, fistulous. Varices about anus. Red vesicles with yellow tips on shoulder, soon look like cutis anserina and peel off.

Vesicles at stytoid process of right ulna and on left hand. Nails discolored and deformed.

Subjective. Burning pain spreading far around from a boil. Violent burning and fine stinging in nettle-rash. Gnawing itching in pimples. Itching; violent in fine points on chest; in tubercles on leg; with tensive pains in bullæ; on neck, back and limbs. Pain in bones of head. Stinging in pimples when touched. Soreness in corns. Titillating, itching. Stitches from within outward, especially in upper arm and below right buttock.

Aggravation. In afternoon, evening and at night. In summer (chilblains). In the sun. When touched. From sour food, vinegar, etc. From wet poultices. From bathing and working in water. In drunkards.

Accompaniments. Aversion to washing. Dropsy. Gastric derangement. Violent thirst and nausea. Pain in ears. White-coated tongue.

Apis mellifica.

Nosological. Boils. Carbuncles. Erysipelas. Gangrene. Hives. Sudamina. Variola. Whitlow.

Objective. Boils on pubes, large. Erysipelas, with redness and swelling, and gangrene. Eruption recedes (in variola); is confluent, with œdematous swelling of skin during desquamation. Red and inflamed raised patches of hives. Whitlow, after abuse of sulphur.

Subjective. Burning heat all over, or heat in some parts and coldness in others. Stinging burning pains.

Aggravation. From heat. In cold weather. After scarlet fever, hives, and variola.

Amelioration. From cold water.

Accompaniments. Asthma after hives. Fatal adypsia or great thirst; croupy cough; violent cough like whooping cough. Thick, white, bloody, fetid coryza. Convulsions. Intestinal catarrh, with slimy diarrhœa; muttering delirium. Dyspnœa. Inflamed eyes. Loss of consciousness.

Trembling of limbs. Prostration. Restlessness. Sleeplessness. Stinging pain in throat. Sopor. Abdomen sore to touch. Tongue deep red, covered with blisters, which become sores and ulcers, with stinging pains. Tonsillitis. Urine scanty and dirty red. Micturition painful. Uterine catarrh.

Apocynum androsæmilfolium.

Objective. Syphilis; chancres. Coldness of skin.

Subjective. Violent itching of face and body. Swollen sensation in skin.

Accompaniments. Profuse night sweats. Dropsy after scarlatina.

Argentum foliatum.

Objective. Discharges copious. Boil near last rib. Inflammation of arms. Eruptions.

Subjective. Burning pains as if excoriated. Burning itching of face and hands. Intolerable itching as from crawling on head and body. Stitches as from electric shocks. Stinging as from flea-bites. Soreness as if excoriated (in eruptions). Tenderness, tearing pressure and pains in bones. Paroxysms of burning in corns.

Aggravation. In afternoon. After masturbation and use of mercury.

Argentum nitricum.

Nosological. Traumatic erysipelas. Eczema. Ecthyma. Scabies. Syphilis. Sycosis.

Objective. Red blotches on back of hand and index finger, changing to yellow blisters on a red base. Pimple-like blotches on lower limbs at night. Pustulous ecthyma coming on after itching and pain. Eczema on genitals. Pimples on back and chest. Small itch-like pimples, bleeding when scratched, and becoming covered with bleeding scurfs. Skin blue, gray, violet or bronze, to black (Argyria).

Subjective. Itching (in pimples). Itching-biting all over, especially thighs and axillæ. Pricking itching.

Aggravation. At night. On getting warm in bed. After scratching.

Accompaniment. Dropsy.

Arnica.

Nosological. Bed sores. Boils. Chilblains. Erythema nodosum. Ecchymosis. Erysipelas. Miliary eruptions. Purpura. Varices. Wheals.

Objective. Boils, many, small, on face. Bites of insects. Eruptions, red, sanguineous, in spots. Erysipelas with swelling. Injuries bleeding profusely. Pimple with inflamed border, on side of neck. Itching pimple between thumb and index finger. Pimples on prepuce. Red spot on glans penis. Yellow, blue, and reddish-blue spots. Swelling of glands of neck, of face and cheeks, of cutaneous veins. Black swellings. Skin blue and dry.

Subjective. Burning pains. Digging up sensation and heat in glands. Cold feeling in skin, now here and now there. Cutting pains in skin. Drawing pains. Itching in pimples and spots on glans. Fine prickings, especially in nose, eyebrows, eyelids, hands and fingers. Pains as if beaten. Stinging as if a splinter were in the flesh. Dull stitches deeply penetrating in limbs. Soreness and sensitiveness of corns. Tearing pains in glands. Tingling in ulcers.

Aggravation. In the evening and at night. On being touched. From exertion. From sweating. In the open air. In lying-in-women. From peruvian bark.

Amelioration. From lying with the head low.

Accompaniment. Epistaxis.

Arsenicum album.

Nosological. Burns. Acne rosacea. Abscesses. Crusta lactea. Cancer. Chilblains. Chlorosis. Crusta serpiginosa. Erysipelas. Eczema. Ecthyma. Fungus hæmatodes et

articularis. Gangrene. Herpes labialis, facialis, phlyctenoides et furfuraceous. Impetigo labialis et rodens. Inflammatory swellings. Jaundice. Lichen. Lepra alba et vera. Purpura senilis. Pemphigus. Prurigo senilis. Pruritus. Psoriasis. Rupia. Sycosis labialis. Scabies. Sudamina. Ulcers. Urticaria. Varioloid. Varicella. Varices.

Objective. Abscesses suppurating. Blotches on hands. Lentil-sized colorless blotches. Black blisters on feet. Blisters under feet at night, discharging a light-yellow fetid water. Dark-brown color of body. Blisters spreading. Cancer of nose, lips, and mouth. Discharges brownish, blood-streaked, copious, corrosive, salty, tenacious, yellowish, watery, fetid, purulent, Eruptions; fine like sand, in bends of knees; flat; red, granular, copper colored; whitish; with sanguineous edges; in pimples, blisters, and vesicles; suppurating on scalp; about lips and mouth; too early or suddenly appearing; on hands, becoming pale or livid, or is mixed with petechia, scaling off; red and scorbutic, colorless on neck, shoulders, and sides. Eczema on face, genitals, and legs, and back of left hand. Erysipelas, gangrenous, inflamed, and vesicular. Face bloated. Gangrenous spots, and gangrene of the sexual parts. Induration and thickening of soles of feet. Inflammation of sexual parts. Inguinal and submaxillary glands affected. Pimples; small, on forehead and under jaw; acuminated; whitish; filled with watery fluid; on abdomen and hands and between fingers, like millet-seed, with white tips on hands, feet, and scalp. Pustules; red (changing to ichorous, crusty, burning, spreading, ulcers), on scalp and in whiskers; sink in and areola becomes livid, in small-pox. Petechia-like spots, moist after scratching. Black pox on arms. Skin cold and blue, dry and parchment-like, peels off in large scales like fish-scales, of pale earthy color. Spots and ulcers as if burnt. Brown spots on head, and streaks or ridges on

thighs. Scurfs and crusts on scalp and face. Red spots on feet; yellow spots on chest; blue spots on whites of eyes, abdomen, and genitals. Inflammatory swelling of face, feet, and body; of right side of body and hip, and of left lower limb. Dark-red hot swellings. Elastic swellings. White spots. Scabies, inveterate, pustular in bend of knees. Suppressed swelling of the arms. Tenderness and pain in bones. Painful tubercle on right arm. Lips black and blue. Ulcers, with red shining areola and a blue-black or greasy ash-colored base; with thin bloody pus; with high edges; with fetid ichor and proud-flesh turning blue and green; with thin scurf; with inflamed edges; wart-shaped; on lower extremities, feet, and heels; on feet, bleeding; on scalp; on hands; turning black on bottom; bleeding on edges; flat; hard; with hard spongy edges, exuding bloody pus. Varices about anus.

Subjective. Aching, pressing in glands. Boring pain in blisters and in inflammatory swellings. Burning in herpes, spots on feet and pimples in margins of ulcers, and of skin on arms and lower limbs. Burning sensation from contact of the discharges. Itching in pimples, edges of ulcers, on scalp and occiput. Itching creeping on thighs, limbs, and buttocks. Pricking in edges of ulcers and in tetters. Smarting of colorless eruption (on neck, shoulders, and sides). Painfulness of skin, stinging in eruptions, and in varices about anus. Violent tearing pains in edges of ulcers when exposed to cold. Soreness as if excoriated in anal region. Edges of ulcers are sensitive.

Aggravation. After midnight (1 to 3 A.M.). In the evening. Periodically before falling asleep. On waking. While lying down on the painful side. After drinking. After lying down and having risen. After moving. From exertion. During catarrh and putrid fever. In children. In glandular affections. In cold air (ulcers). During contact. From poison of glanders. From cold

food, and from wine. From running. During the first hours of sleep. After the use of quinine and iodine. Complaints from scalds.

Amelioration. On getting warm in bed. From warm applications. From lying with the head high.

Accompaniments. Anguish (from burning itching) which drives him about. Aphthæ in mouth and fauces. Chills and fever. Crying for cold water. Cold hands. Cold sweat. Colic. Distended abdomen and offensive diarrhœa. Excessive debility. Great despondency. Dyspnœa. Desire for liquor. Eyelids weak and swollen. Epistaxis. Gums bleed readily, and there is a fetid odor from the mouth. Internal heat and external coldness. Immobility and stiffness of knees and feet. Palpitation of heart. Great restlessness. Malignant sore throat. Violent thirst, patient drinks little at a time, very frequently. Small quick pulse.

Arsenicum hydrarg.

Objective. Dark-brown color of body. Whitening of hair on deadened parts. Vesicles on glands and prepuce, leaving round flat ulcers after breaking.

Arsenicum iodidum.

Objective. Chronic, obstinate, scaly eruptions on scalp. Dry scaly eruption. Erythema. Cancerous diseases. Impetigo. Lepra. Psoriasis versicolor. Pityriasis. Tinea furfuraceous.

Subjective. Burning heat in lumbar region, as if clothes were on fire. Burning-itching, and formication in eruptions. Chilliness of left thigh followed by formication and weight in left foot. Clothes feel cold when extending the left limb; formication and weight extending to right foot, relieved somewhat by walking. Formication on both ankles and on exterior border of left foot, followed

by burning in the instep. Itching, especially on the back. Itching of back of left hand, followed by stinging itching of back of right hand.

Arum triphyllum.

Objective. Eruption like scarlatina, followed by desquamation. Dry feverish heat of skin. Face swollen and red. Lips and corners of mouth swollen, sore, cracked, and bleeding.

Subjective. Itching, with desquamation, following a scarlet rash.

Accompaniments. Child picks at lips, cheeks, and chin until raw (in scarlatina). Submaxillary glands swollen. Nose stopped, with or without profuse yellow discharge. Putrid sore throat. Red tongue with elevated papillæ. Urine pale and profuse.

Asafœtida.

Objective. Adenitis. Dark-red, hot swellings. Cold swellings. Adhesion of the skin in caries. Suppurating abscesses. Arthritic swelling. Curvature, interstitial distension, and softening, and caries of bones. Copious discharges. Eruption flat. Scrofulosis. Cold gangrene and suppuration of injuries. Ulcers, with thin, fetid, ichorous, bloody, serous pus; with bluish, raised, hard edges. Ulcers; affecting bones; deep; flat; fistulous. Bright red, raw appearance of wounds, covered with a crust of tenacious lymph.

Subjective. Darting jerking in glands and ulcers. Pricking, darting pain in the edges of ulcers. Quivering in skin. Tenderness, jerking pain, scraping, and darting in bones.

Aggravation. After mercury. During contact.

Amelioration. From touching and scratching.

Asarum Europæum.

Objective. Discharges of bloody and slimy mucus (from ulcers).

Aggravation. In cold air. During dry weather. In the evening.

Amelioration. From washing or wetting affected parts. In damp weather.

Asclepias syriaca.

Accompaniments. Dropsy following scarlatina (in consequence of nephritis).

Asclepias tuberosa.

Objective. Hot, moist skin. Scrofulosis. Syphilis. Vesicles. Pimples and pustules all over body, especially on arms, legs, and face.

Subjective. Itching of thighs and nates, but no eruption.

Accompaniments. Dry, hard cough, worse at night and in the morning; sputa frothy or yellow. Soreness in lower part of chest; respiratory murmur and dulness in right lung. Chills towards noon. Fever in afternoon. Night-sweats and emaciation (in scrofulosis).

Aurum foliatum.

Nosological. Arthritic nodes. Adenitis syphilitica. Herpes præputialis et vulvaris. Rhagades. Scrofulosis. Syphilis. Ulcers. Tetters.

Objective. Large and small blotches of a dingy yellow color, on legs and calves. Blotches on leg below knee, changing to thick hard nodosities when rubbed. Dry crusts. Scaly eruption on face. Inguinal glands affected. Inflammation of nose. Nails blue. Pustules on face, neck, and chest. Bony swellings on scalp, arms, and legs. Swellings of face and cheeks. Dry scurfs. Swelling and

caries of bones of ear, nose, face, and mouth. Ulcers; cancerous and syphilitic; fistulous; deep; bluish.

Subjective. Aching pressing in glands. Burning in blotches and blisters. Cramplike feeling in bones. Formication all over body. Itching, burning, shooting like rays. Laming mercurial pains in bones. Pains in bones, especially of head. Soreness as if excoriated in eruption. Tenderness, pain, pressure, and tearing in bones.

Aggravation. In the morning. In winter. From cold. In the open air. While lying down; after lying down and having risen. When blowing the nose. From mercury.

Amelioration. From moving, getting warm, when walking, and by warmth.

Aurum muriaticum.

Objective. Boils on nates and thighs. Condylomata on prepuce and at anus. Dry crusts. Herpetic exanthema speedily forming a scurf. Inflammation of nose. Purple redness of skin. Dry scurfs. Swelling on wrist-joints (ganglion). Flat ulcers on scrotum.

Subjective. Intolerable itching in herpes. Stitches in ganglion on wrist when grasping anything. Tension in ganglion on wrist when bending hand backward.

Badiaga.

Objective. Adenitis. Bruised spots from falls or blows. Buboes. Chilblains. Scrofulosis. Syphilis. Tetters on forehead.

Subjective. Itching on scalp. Skin sore to touch.

Balsamum Peru.

Objective. Cracks in nipples, fingers, and hands. Indolent ulcers.

Baptisia.

Objective. Small-pox; confluent tardy eruption.

Baryta carbonica.

Objective. Adenitis. Cystic tumors. Panaritia. Moist crusts on scalp. Excoriation and oozing. Dry exanthemata. Falling off of hair on vertex. Skin of hands dry and rough. Swelling and induration of glands. Warts.

Subjective. Burning itching. Burning stitches in corns. Itching here and there, with pain after scratching. Pricking over whole body. Tingling and burning pricking not relieved by scratching. Pricking as from burning needles. Tension in skin.

Aggravation. While sitting. While lying on the painful side and on the left side. On thinking of his disease. In aged, dwarfish people and scrofulous children. From outward pressure.

Accompaniments. Dropsy after scarlet fever. Emaciation. Putrid breath. Swelling of the parotids, tonsils, and submaxillary glands; with much saliva or dryness in the throat; with pressing, stinging pain on swallowing. *Pale* swelling of throat.

Baryta muriatica.

Objective. Adenitis; neck and abdomen particularly affected. Yellowish scaly eruptions. Itch-like pimples on head, nape of neck, abdomen, and thighs. Tetters. Fetid, ichorous ulcers in inguinal region.

Subjective. Biting in skin. Burning biting in excoriated parts.

Aggravation. After scarlet fever.

Accompaniments. General dropsy after scarlet fever.

Belladonna.

Nosological. Adenitis. Acne disseminata et punctata. Anthrax. Boils. Bites of insects. Chilblains. Cancerous affections. Erysipelas. Papulous erythema. Eczema. Gangrene. Herpes labialis, facialis, et phlyctænoides. Glandular inflammations and indurations. Impetigo. Measles. Nettlerash. Nævi materni. Phlebitis. Pemphigus. Scrofulosis. Sycosis labialis. Scarlet fever. Ulcers. Varioloides. Varicellæ agnosæ et conoides. Warts.

Objective. Bleeding and soreness of bends of joints. Boils on shoulder. Cold blotches and swellings. Blisters on sternum containing water; on fingers with inflammation; from burns, with white margins; with black scurf and œdema of the parts. Cold and hot gangrene. Dryness and desquamation of the skin. Eruption like measles. Red scaly eruption on lower part of body as far as the abdomen. Eczema on face. Exanthema, flat, smooth, and red. Heat of skin with moisture. Hot swellings. Inflammation of skin and of glands. Indurations following inflammation. Large red pimples on back and scapulæ, and redness of all the skin. Dark-red pimple on left arm. Scattered pimples on left breast. Pustule close to nail of right index-finger, discharging matter. Pustules on arm and nape of neck covered with a crust. Red radii extending from a centre (in nævi materni). Redness and swelling of whole skin. Red, hot, shining swellings. Small dark-red spots of different sizes on chest and thighs. Red spots on backs of both hands. Red spots like fleabites, or bloody spots like petechiæ, on chest, abdomen, face, and neck. Scarlet-red spots and scarlet redness on face, neck, hands, chest, and abdomen, with hot swelling of the parts. Soft, painless tumor on glans penis. Scrofulous and mercurial ulcers. Ulcers with a black bloody crust, with bloody ichor, hard, and swollen. Watery vesicles

on palms of hands and on tibia, so painful that he would like to scream.

Subjective. Burning in skin, in ulcers, when touched, and at night. Boring in glands. Creeping, crawling itching. Cutting, dragging pain in ulcers. Painfulness and pricking in glands. Pricking, darting, biting in skin. Soreness about ulcers and in heads of joints. Painfulness of skin to touch. Fine stinging in tips of pimples. Tingling itching. Biting itching.

Aggravation. In the afternoon, evening, and after midnight. During profuse menstruation, pregnancy, and confinement. From sun-burning and in the sunshine. From drinking, perspiring, and suppressed perspiration. After touching and rubbing the parts. From a draught of air, and after having hair cut, and taking cold, on moving and walking in wind. During sleep. After scarlet fever. In children.

Amelioration. While lying with head high. While standing. While lying down.

Accompaniments. Asthma. Violent, hollow, barking, croupy cough; in paroxysms causing redness of face, moaning, and drowsiness. Convulsions. Delirium on closing eyes, with increased memory power. Drowsiness, with inability to sleep. Diphtheritic sore throat. Epistaxis. Head bent backward. Jerking and starting of limbs. Lips dry and parched. Lameness of the affected parts. Metastasis to brain in small-pox. Involuntary moving of hands to head. Mortification. Quick, small, soft pulse. Dilated pupils and eyes injected. Scalp tender to touch. Difficulty in swallowing. Starts in sleep. Constant drowsy sleep. Thick white-coated tongue. Nausea and vomiting.

Bellis perennis.

Objective. Boils *on neck* and all over. Bruises, with extravasated blood. Whitlows.

Berberis vulgaris.

Objective. Blotches like nettlerash on upper arm. Scaling off. Formation of a crust about the anus. Small, flat, semi-transparent pimples or rudimentary warts on fingers. Bright-red inflamed pimples on cheeks and lips, ulcerated in centre; single pimples on scalp and face, most numerous on occiput, forehead, and temples; clusters of red pimples with red areola and small tips, containing pus, changing to brown spots. Petechiæ, small, dingy, and red, with spots on forearm and backs of hands. Dingy red, bluish spot on inner side of lower lip. Dark-red spot on cheek, preceded by a chilly feeling there, gradually spreading over whole face. Pea-shaped vesicles on lower lip.

Subjective. Biting gnawing on scalp and face. Burning pricking along the edge of hair on head. Burning itching, with stitches and a sensation of warmth, passing off after scratching, and reappearing in another place; on face, ears, and lips. Chilly feeling on cheek. Itching, burning itching. Stinging. Gnawing. Soreness, with burning, and pain to touch of skin about arms when sitting.

Aggravation. After rubbing.

Borax.

Objective. Eczema on scalp and face. Erysipelatous inflammation. Intertrigo of infants between thighs. Skin difficult to heal; every injury tends to suppuration. Pustules with red areola on middle finger of right hand, with swelling and stiffness of finger, suppurating for a long time. Dark-blue spot at orifice of urethra, as if excoriated. Ulcers in the axillæ.

Aggravation. After menstruation.

Accompaniments. Chills, with thirst. Acrid diarrhœa. Dreams of falling; dread of downward motion. Child

cries and starts screaming from sleep while being laid down in the cradle. Epistaxis. Uneasy sleep. Throbbing headache in temples. Vomiting of food and of bile.

(Lycoperdon) Bovista.

Objective. Moist, scurfy herpes, like red pimples. Hard, red, lentil-sized pimples on chest. Red pimples on foot. Whitish pimples with red areola on chest. Red, hard, suppurating tubercle on penis.

Subjective. Itching and burning.

Aggravation. In the evening.

Bromine.

Objective. Boils on arm and in face. *Cystic Tumors.* Eczema capitis, with profuse oozing of a dirty, nasty-smelling discharge; scalp covered as with a cap. Goitre. Scrofulosis, particularly swelling.

Subjective. Scalp tender.

Aggravation. In the evening, before midnight. In the warm room. At rest.

Accompaniments. Discharge from ears. Flatulence. Glands of neck swollen. Mouth dry and parched. Nervousness, with forcing pain in temples and nape of neck, preventing stooping. High-colored urine.

Bryonia.

Nosological. Acne punctata. Arthritic nodes. Chilblains. Erysipelas of joints. Eczema. Herpes furfuraceus. Lichen. White and red miliaria. Nettlerash. Prurigo mitis. Purpura hæmorrhagica. Petechiæ. Scabies.

Objective. Eczema in bends of extremities, eruption slowly coming forth; eruption all over, especially on back. Dry, burning heat of skin. Ichor from ulcer, staining linen black. Pimple between thumb and index-finger.

Small, red, elevated pimples brought out by scratching. Pimples on abdomen and hips. Pustules below knees and on the labia majora, with swelling of the parts. Rash, of lying-in women, and in infants; on glans penis; on arms, chest, and above knees, red in the evening and recedes after getting warm in bed. Red rash on forearm and at nape of neck. Hard, inflamed, pale, shining swellings. Scabies; itch-like eruption on inner side of wrist-joint, in bend of elbow, on olecranon, on knee, and in bend of knee. Sometimes dry and red. Red spots on side of neck. Small, round, red spots on arms and feet. Hard tubercles here and there. Vesicles which burst and scale off. Yellow color of skin.

Subjective. Aching, soreness, and burning stinging (in corns), relieved by pressure. A sore, painless spot burns violently. Burning and burning-itching. Coldness and pain in ulcers. Griping and itching about legs, knees, and thighs. Gnawing-itching pain. Itching and smarting, violent itching. Pricking, darting pains (in corns). Prickings all over. Painfulness of skin, as if flesh were loose. Stinging pains when touched, and during motion. Soreness after scratching. Smarting (in ulcers). Stitches in affected parts. Tearing drawing pains. Throbbing like stitches in scurf.

Aggravation. In the evening. In dry and warm weather. During the first hours of sleep. During motion (exertion of body, getting heated, walking or running), or while mounting an eminence. After scratching, and by touch. On bending downward. During sweat, and from suppressed catarrh and sweat. After taking cold. After suppression of an eruption. From eating cabbage, sour krout, and warm food. From thinking of his symptoms.

Amelioration. From eating cold things. After getting warm in bed. While lying down in bed on back. While reposing and sitting.

Accompaniments. Dry painful cough. Constipation; dry, hard stool, as if burnt. Dry feeling in mouth without thirst, or great thirst; bitter taste in mouth; dyspnœa. Inflammatory affections of chest. Dropsical symptoms. Fever and rheumatic pains, worse upon motion. Meningitis. Nausea on sitting up. White or yellowish coated tongue.

Bufo.

Objective. Carbuncles. Erysipelas. Panaritium. Ulcers.
Subjective. Burning pain in ulcers.

Caladium.

Objective. Eczema on the genitals. Hard, light-red pimples on the inner side of the forearm and chest. White, suppurating pimples surrounded by a red areola. Rash.
Subjective. Corrosive burning. Itching and burning. Soreness (of pimples) to touch.
Aggravation. At night and in the evening.
Amelioration. From perspiration. After sleep.
Accompaniménts. Violent oppression of the chest following the disappearance of the pimples.

Calcarea aceticum.

Objective. Erysipelas, with swelling of the cheek. Pimple on the cheek, moist when scratched, leaving a yellow crust. Inflamed swelling below the knees. Yellow color of the skin.

Calcarea carbonica.

Nosological. Adenitis. Boils. Corns. Dandruff. Encysted tumors. Ecthyma. Eczema. Erysipelas. Freckles. Herpes. Leprosy. Measles. Nettlerash. Naevi materni. Psoriasis. Prurigo. Pemphigus. Panaris. Rhagades. Steatoma. Scald head. Scarlatina. Warts. Ulcers.

Objective. Boils on the forehead where the hair begins; on the back joint of the ring finger; on the back of the left hand. Blisters on the left heel changing to boils. Red band on tibia composed of rashlike risings. Dandruff accumulating evenly over the scalp, which is smooth and seems to be thickened. Erysipelas in the face. Encysted tumors, which are renewed and suppurate every month. Eczema, thick, moist (or dry) crust on the face, legs, and bends of the extremities; thin, moist porrigo on scalp. Eruptions, vesicular all over, inflamed, grape-shaped around the anus, tardy, rashlike, chronic, white, elevated, hard nettlerash. Naevi materni of arterial capillaries. Pimples under whiskers, on small of back and nates, on chest, forehead, and about mouth and lips, whose angles are ulcerated. Pustules on the back. Rhagades of people who work in water. Scald head, thick scabs with yellow pus beneath, or in the form of a ringworm. Skin dry, unhealthy, and easily suppurates. Lenticular, red, raised spots. Large, dark spots, without swelling, on the legs. Tubercle at the border of the labia. Ulcers on the legs, on the cheek, fistulous, carious, with redness, swelling, and hardness of the surrounding parts.

Subjective. Stinging-burning. Itching, with heat. Lancinating. Pricking. Stinging-smarting.

Aggravation. In the morning and evening. In wet weather. In cold air. On waking. After washing. When rubbed (?). In plump, fat children. During dentition. Before the menses. From suppressed perspiration. In stonecutters. In people who work in the water. From drinking milk. From wet poultices.

Amelioration. In rising dry weather. In the fresh air. From rubbing, scratching, and being touched. After lying down.

Accompaniments. Aphthæ on tonsils and roof of mouth. Anorexia and much thirst. Longing for boiled eggs. Sore throat. Nose sore and obstructed. Glands of the

neck swollen. Infant very uneasy. Stools have a chalky appearance. Scrofulous diathesis, child pale and languid.

Calcarea caustica.

Objective. Brown-red spots (scattered or clustered), of the size of a dime, on the anterior part of the leg, with swelling of the skin and pimples. Vesicles filled with lymph, and surrounded by a red areola.

Subjective. Burning. Violent itching and stinging on the neck, back, and chest.

Calcarea phosphorata.

Objective. Acne rosacea; red vesicles filled with yellow lymph. Carious ulcers.

Subjective. Burning. Itching. Formication.

Camphora.

Objective. Erysipelas in the face. Erythema from exposure to the rays of the sun. Face pale. Large pimple on the buttock. Pustules suddenly dry up and the swelling sinks in (in small-pox). Skin cold, bluish or purple, pale, and withered.

Subjective. Burning pain when touched. Aching in the skin. Violent itching.

Aggravation. In the evening in bed. From cold and cold air.

Amelioration. From warmth (water), and being in the warm air.

Accompaniments. Child refuses to be covered. Limbs cold and purple. Breath, forehead, and perspiration hot. Rattling in the throat. Utter prostration and spasmodic stiffness of the body. Painful and difficult micturition (seq.).

Cannabis sativa.

Objective. Acne rosacea; large nodosity surrounded by

red swelling on nose. Pimples on the nates and thighs. Bright red spots on the prepuce. Small white vesicles on the thighs, with large red smooth edges, leaving brown-red spots.

Subjective. Burning like fire.

Aggravation. In the forenoon.

Cantharis.

Objective. Carbuncles. Erythema from exposure to the rays of the sun. Eczema. Fissure and exfoliation of lips. Gangrene of external parts. Pimples on backs of hands, or between thumbs and under fingers, surrounded by a red areola on sternum. Petechiæ. Ecthymatous pustules. Pemphigus. Erysipelatous inflammation of skin, with exudation of serous liquid, raising the epidermis like a blister. Yellow spots above the umbilicus. Red stigmata on thumb, as if pimples would form. Ulcers with increased suppuration. Vesicles between chin and lips, on forehead and cheek, and on palm of hand.

Subjective. Biting. Burning (in pimples) when touched; and a titillating pain after dinner, as if the parts were raw. Itching and lacerating (in ulcers), and acute drawing. *Pricking.* Stinging. Tearing. Ulcerative pain when touched.

Aggravation. After dinner. Every seven days. In changeable weather. When touched. After exanthemata.

Amelioration. From rubbing.

Accompaniments. Hands and feet cold. Stinging, smarting during micturition, and yellow urine.

Capsicum annuum.

Objective. Fissures and ulcerations in the lips. Corroding herpes on the forehead. Measles. Red spots or points on the face.

Subjective. Creeping here and there as from a fly. Cor-

rosive itching. Stinging-burning itching. Gnawing-burning itching, as from vermin in the scalp.

Aggravation. In the evening. In children. From changing the position and scratching.

Amelioration. From continued motion (walking).

Accompaniments. Urgent brain symptoms. Restlessness.

Carbo animalis.

Objective. Adenitis; hard swelling. Boils on the arms. Corns. Chilblains. Erysipelas of the face. Copper-colored eruption on the face. Pimples on the face. Hard, elevated ridge near the wrist around the arm. Red or rose-colored spots on the cheeks. Yellowness of the face. Vesicles on the lips, which are chapped and bleeding.

Subjective. Burning pain. Itching. Stitches.

Aggravation. In the forenoon, and evening in bed.

Carbo vegetabilis.

Nosological. Adenitis. Boils. Carbuncles. Chilblains. Eczema. Herpes. Intertrigo. Moles. Nævi materni. Nettle-rash. Prurigo. Scald head. Ulcers. Scabies.

Objective. Adenitis; glandular and lymphatic swellings, suppurations, and indurations. Boil on the upper arm, with pimples all around it; before the ear, and under the jaw. Blotches on calves of the legs. Fine blotches like dry itch. Large red blotch, with a black pimple in the centre, close to the rectum. Blotches on the wrists and feet. Carbuncles, dark, blackish, and of a fetid odor. Eczema on the legs. Fine eruption on the hands. Herpes, moist, on chin and at commissures of lips. Intertrigo, much rawness of parts opposed. Lips cracked, blistered, and ulcerated. Reddish-brown moles. Nævi materni; bright-red, round, flat aneurisms by anastomosis (venous capillaries), bleeding profusely when irritated or wounded. Pimples on the nape of the neck. White pimples on the

backs of the hands turning red after scratching. Red pimples on the face in young persons. Scabies; eruption dry and fine (or humid) all over, but worse on the extremities. Single, scattered, red spots on the neck. Red sore spots about the pudendum, looking like little ulcers. Ulcers discharging pus of a cadaverous odor. A healed ulcer breaks open and discharges corrosive bloody lymph. Varices Vesicles on the knees.

Subjective. Burning pain. Itching changed to burning by scratching. Itching and soreness in the axillæ. Pressure and tension around ulcers. Tingling.

Aggravation. In the morning. In wet weather. In very warm weather. From wrapping up. From cold (?). From scratching. After undressing. After mercurial salves. From abuse of Peruvian bark. From eating butter and pork.

Accompaniments. Breath, extremities, and perspiration cold. Dyspepsia, belching wind and passing flatus. Putrid sore throat, sloughing away of the smaller parts of the fauces. Rattling in the throat. Utter prostration. Persistent hoarseness.

Carbolic acid.

Objective. Acne. Carbuncles. Cancerous affections. Eruption, vesicular, all over. Eczema. Pustular eruption. Impetigo. Lupus. Leprosy. Psoriasis inveterata. Prurigo. Pityriasis. Pediculi. Scabies. Scarlatina maligna. Confluent small-pox. Indolent irritable ulcers with unhealthy granulations and fetid pus.

Subjective. Itching of various parts.

Carburetum sulphuris.

Objective. Burns and scalds. Herpes exedens; tetter-like eruption, produced by scratching with the finger-nails, spreads, and is covered by yellowish-brown scabs.

Herpes phlyctænoides covering the dorsum of the left hand; vesicles on a red, swollen, painful basis; mostly separated from each other; contain an opaque yellowish fluid, which discharges and forms thick yellow scabs.

Subjective. Itching.

Causticum.

Objective. Burns. Blisters on the feet after rubbing. Dry eruption, size of a pin's head, with hollow tips, leaving red spots when scratched open, on the forehead, arms, and abdomen. Encysted tumors. Felons. Herpes on the ring finger and the nates; humid at the nape of the neck. Nodosities under the skin. Nettle-rash. Pimples here and there on the face; pimple changed to a wart. Pemphigus. Rash on the thighs. Scarlet fever. Scabies. Ulcer on the lips. Large vesicles on the chest and back. Varices. Warts. Yellow color of the face and the warts upon it.

Subjective. Burning after scratching. Formication. Gnawing itching.

Aggravation. In the evening. During dry weather. From cold. During perspiration. On waking. After Sulphur and Mercury.

Amelioration. During wet weather. From being in warm air. From cold water (?).

Accompaniments. Involuntary micturition when sneezing, coughing, or walking. Sensitiveness to cold air. Orthopnœa with chill, heat, and sweat.

Cerasus Virginiana.

Objective. Ulcers and scrofula.

Chamomilla.

Objective. Erysipelas in the face. Excoriation of children and infants between thighs. Lips excoriated,

cracked, and ulcerated. Miliary eruption on the cheeks. Pustulous pimples on the face. Pimples about an ulcer, with scurf and suppuration. Thick clusters of red pimples on red spots on the skin in the lumbar region, and on the side of the abdomen. Rash of infants and lying-in women. Red rash on cheeks and forehead. Small red spots on the skin, covered with rash-pimples. Redness and swelling of ulcers. Skin yellow and unhealthy; small injuries suppurate. Ulcers.

Subjective. Burning. Creeping and sensitiveness to touch. Bruising pain and smarting. Itching. Lancinating and darting in ulcers. Stinging pain, leaving soreness after scratching. Smarting. Shuddering all over.

Aggravation. In the evening and night. In children; when the child has been kept too warm. After taking cold. After scarlet fever. During the menstrual flow. During pregnancy. During perspiration, and after suppressed perspiration.

Amelioration. From warmth. After perspiring.

Accompaniments. Painful, acrid, watery diarrhœa. Child fretful, and must be carried up and down to be relieved.

Chelidonium.

Objective. Elevated exanthema on the face. Eruption on face like miliary rash, measles, and herpes. Pimples, pustules, and vesicles on the face. Spots above the tendo Achillis. Red round spots on the forearm. Skin yellow all over. Old putrid spreading ulcers.

Subjective. Burning pain and stinging. Skin feels cool.

Aggravation. In the morning. From motion.

China or Cinchona.

Objective. Bleeding after scratching. Boils on the chest. Erysipelatous swelling of the whole body. Humid

gangrene. Nettle-rash coming out after scratching. Pimples on the loins, arms, and chest. Pemphigus. Skin placid and dry. Hard dark-red swelling on the calf of the leg, terminating by suppuration. Arthritic and rheumatic hard red swellings. Ulcers with fetid ichor.

Subjective. Biting itching. Beating in ulcers. Burning and pressure. Boring. Itching. Pulling and titillation. Stinging itching in wounds. Painful sensitiveness of the skin, even of the palms of the hands.

Aggravation. At night. Periodically. In wet weather. In the heat of the bed. From washing. After scratching. After suppressed perspiration. From drinking milk.

Accompaniments. Anasarca. Threatened anæmia, with diarrhœa or lienteria. Swelling of the limbs.

Chininum sulphuricum.

Objective. Cancerous ulcers. Thick, livid, humid crust, which becomes dry and black, with red, humid, and finally yellowish dilated margins. Erysipelas gangrenosa. Gangrenous mortifications. Inflammation of the skin. Deadness and livid redness of the skin, with the formation of a gelatinous pseudo-membrane or thin superficial scurf. Fetid suppurations. Skin placid and sensitive to the touch. An ichorous ulcer changes to one secreting mucus.

Subjective. Sensitiveness and tightness of the scalp, and soreness of the roots of the hair.

Chloral hydrate.

Objective. A purple discolored band two inches wide along each side of the vertebral column. General desquamation in round patches like blisters, from which serum had been absorbed, leaving the skin beneath of a purple (and in some places yellow) color; arms red and speckled

with shreds of white dead epidermis partially separated from the subjacent cutis. Bright-red or bluish erythema over the whole body, permanent under pressure, mottled with livid patches and deep red spots. Erysipelas. Herpes circinnatus. Nettle-rash. Purpura hæmorrhagica. A mass of minute points or stigmata upon the red surface of the left arm, of a much deeper red, permanent under pressure. Pruritus of the whole skin and of the mucous surfaces of the upper outlets of the body. Scarlatina. Large greenish spots at the base of the spine.

Subjective. Sensation as if a hair were on the nose or cheeks, compelling scratching, when it shifts to another place.

Accompaniments. Lips, mouth, and fauces red and raw, gums spongy, and tongue blistered and ulcerated. Lips covered with sordes and dried blood. Left arm swollen and indurated. Pulmonary congestion. Great prostration, tendency to somnolence, weak, irritable pulse (threatened paralysis of the heart), and deeply coated tongue.

Cicuta virosa.

Objective. Eruptions, purulent, suppurating in the face, with yellow scurf on chin like dried honey. Eczema on the face. Humid, scabby herpes. Lentil-sized, dark-red pimples in the face and on the hands, becoming confluent. Pustules on both hands and balls of thumbs running together into one dark-red pustule. Scald head; thick white scurfs on the chin and upper lip which secrete a dampness; sometimes scurfs in the nose. Swelling of the neck from wounding the œsophagus. Vesicles on the upper lip; red vesicle on the right scapula. Painful ulcer on the lips.

Subjective. Burning-itching of the whole body.

Cimicifuga (Actea) racemosa.

Objective. Papular eruption on backs of hands and

wrists. White pustules on face and neck, sometimes large, red, papular.

Subjective. Heat in one side of the face. Pricking and heat all over.

Cina.

Objective. Red pimples.

Subjective. Fine burning stitches. Violent itching at night.

Amelioration. By scratching.

Accompaniments. Child bores nose with fingers; very fretful, and nothing pleases. Urine milky on standing. Colicky pains. Frequently called for in *minor skin affections of scrofulous children and infants.*

Cinnabaris.

Objective. Sycosis. Small red spots on glans penis. Red spots and points on the neck and chest changing to little blotches. Warts on the prepuce bleeding when touched.

Subjective. Burning and itching.

Aggravation. After scratching.

Cistus Canadensis.

Objective. Adenitis. Vesicular erysipelas. Herpes on the ears. Lupus on the face. Scrofulosis. Mercurial and syphilitic ulcers.

Aggravation. In the evening and at night. From cold air.

Clematis erecta.

Objective. White blisters on the face, as if burnt by the sun. Fungous excrescences. Humid eruption, with corrosive ichor, redness, and swelling of the skin. Dark, miliary eruption, exuding a dampness, which dries into crusts. Vesicular and herpetic eruptions. Herpes, scaly,

with yellowish, corrosive ichor; herpes red and humid while the moon increases, and pale and dry while it decreases. Eczema on the face inflamed during the increasing and dry during the decreasing of the moon. Large pustules around the loins. Psoriasis. Scabies sarcoptica. Scald head. Cancerous ulcers.

Subjective. Burning pain or sensation of heat. Itching and heat. Tingling and throbbing in ulcers.

Aggravation. During the increase of the moon. From washing. From the heat of the bed. From wet poultices.

(Erythroxylon) Coca.

Objective. Dry, papulous eruption on the backs of the hands.

Cocculus.

Objective. Adenitis; cold, hard, glandular swellings. Hard, dry blotches, surrounded by red borders on limbs, wrists, and back of fingers. Blister on edge of hand where finger commences. Boil on the inner side of the thigh. Hard blotches containing no fluid, surrounded by a red areola. After scratching, oozing of hardy lymph. Red miliary pimples on face, back, and chest in the evening after undressing. Red pimple under the shoulder. Single pimples filling with pus, and then drying up and disappearing, on nose, temples, chest, and between scapulæ. Pimples covering the inner side of the thighs. Wine-colored (red) irregular spots on the chest and behind the ears.

Subjective. Burning and itching as from nettles. Burning-itching stitches and dull stitches. Itching on chest, tibiæ, and in axillæ. Lacerating. Stinging pain and heat, as from a needle-point, when touched. Tearing pains. Sticking pains.

Aggravation. During pregnancy. In the open air.

After scratching. From warmth. When covered up. When touched.

Coffea.

Objective. Purple miliary eruption all over. Measles. Scarlatina. Small-pox.

Subjective. Itching all over changes to burning. Excessive sensitiveness of the skin.

Accompaniments. Short, dry, hacking cough. Nervous restless agitation, preventing all sleep. Palpitation of the heart. Weeping and irritability.

Colchicum.

Objective. Eruption and yellow spots on the face.

Subjective. Itching as from nettles. Lacerating jerks, and tension. Stinging. Tingling.

Aggravation. In the evening and at night.

Amelioration. While reposing.

Accompaniments. Œdematous swellings and anasarca. Nephritis; urine bloody and inky, and contains albumen.

Colocynthis.

Objective. Boils on the neck and face. Carbuncles. Corns. Herpes (scabby) on the face. Itchlike eruption. Pimples on the face. Skin peels off all over. Painless tumor, size of a pigeon's egg, on the right tarsus.

Subjective. Burning, jerking, tearing pain. Smarting-itching, followed by perspiration.

Aggravation. In the evening in bed. During rest.

Accompaniments. Restlessness, followed by perspiration.

Commocladia dentata (Guao).

Objective. Erysipelatous swelling of various parts of the body, followed by yellow desiccation and desquamation. Vesicular, pustulous, ulcerative eruption on the legs. Herpes zona. Inflammation of the skin, followed by deep,

hard-edged ulcers, discharging thick, purulent, greenish-yellow matter of a fetid odor; the parts appear like raw meat, and the skin is covered by small shiny scales.

Subjective. Painful burning on the face and arms. Violent itching.

Conium.

Nosological. Adenitis. Cancer (scirrhus) and cancerous ulcers. Gangrene. Herpes. Impetigo capitis. Lichen agrius. Nettle-rash. Petechiæ.

Objective. Bleeding from ulcers. Blueness of the whole body. Cancer on the lips, breast, etc., and in the middle of long bones. Gangrene of one part of an ulcer. Edges of ulcer turn black, with effusion of fetid ichor. Chronic, humid, or crusty herpes. Pustule on the foot. Large pimple on the mons veneris. White transparent pimples filled with an acrid humor, which forms scabs resembling those of scabies. Fine rash on face, back, and body. Yellow spots on the fingers. Chronic, brown, frequently recurring red spots on the body. Ulcers on the face and lips. Skin hot.

Subjective. Burning. Creeping. Itching and stinging. Pricking-itching. Shifting, evanescent itching. Itching-burning stitches. Intolerable pains in affected parts. Tingling. Stinging like flea-bites, always one stitch at a time.

Aggravation. At night. In the snow air. When walking (?). From rubbing. After contusions. From drinking milk. From suppressed menstruation.

Amelioration. From continued motion (walking?). From outward pressure. While fasting.

Accompaniments. Black crusts on lips and teeth. Dropsy. Delirium or senselessness. *Parotid and submaxillary glands swollen as hard as a stone.* Fecal, fetid, smarting perspiration (with pimples).

Copaiva.

Objective. Eczema, consisting of small vesicles smaller and flatter than the mercurial eczema. Measle-shaped exanthem, dark-red (or bright), elevated, lentil-sized, clustering together, and becoming confluent. Nettle-rash, isolated patches. Groups of papules and pustules. Spots like those of a tiger, scarlet-red or rose-colored. Roseola.

Subjective. Itching of raw spots.

Accompaniments. Pains in limbs and stomach. Great restlessness of the extremities. Urine scanty and full of sediment, with burning in the urethra after micturition. Sleeplessness.

Corallium rubrum.

Objective. Psoriasis. Smooth red spots on the palms of the hands; at first coral-color, then darker red, and finally copper-colored. Red flat ulcers on the glans penis and inner surface of the prepuce, with yellow ichorous discharge.

Cornus circinata.

Objective. Fine scarlet rash on the breast. Copious, clammy perspiration.

Subjective. Itching in paroxysms, mostly at night.

Cosmoline.

Objective. Burns. Bruises. Blisters. Cuts. (Hæmorrhoids.) Acute inflammation of the skin. Scalds. Sprains. In the above, used locally especially. Also eczema, and herpes zoster.

Crocus sativa.

Objective. Chilblains. Livid complexion. Scarlet redness of the whole body. Circumscribed red spots on the face.

Subjective. Burning. Tingling.

Aggravation. In the morning. During pregnancy. In the warm room.

Amelioration. In the open air.

Crotalus cascavella.

Objective. Yellow complexion. Pustules on toes of left foot. Red pimples with white tips all over. Pimples like flea-bites, becoming raised, exfoliating, and leaving a black point in the centre. Pimples on the scalp. Bright yellow spots on the upper part of the right hand. Round spot between the breasts, black above and red below.

Subjective. Formication (in face and feet). Itching (on thighs, calves of legs, and soles of feet). Pricking (in the bends of knees especially) all over.

Crotalus horridus.

Objective. Abscesses on the elbow discharging a red-brown matter, with shiny particles. Blisters and livid spots on the body. Little blotches on the skin. Small blisters around the eyes. Eruption in five stages, redness, vesicles, pustules, desiccation, and desquamation. Vesicular eruption on the septum narium. Scarlet erythema over the whole body. Eruption around the mouth. Eschoriæ, dry, and finally black. Erysipelas of the face. Herpes on the scrotum. Gangrene, separated from the muscles by a fetid fluid; black spots, with red areola, and dark blackish redness of adjacent tissues. Pimples on the face. Scarlet redness, with rashlike vesicles. Yellow and black spots all over. Yellow-greenish and bluish spots, with decreased swelling. Swelling on the wrist containing serum. Swelling of the whole body, and of the submaxillary glands and tonsils especially. Malignant ulcer where the bite was inflicted (fourteen years before), with swelling of the parts.

Accompaniments. Complexion and urine yellow. Indifference. Shivering and diarrhœa. Nausea, headache, and irregular stool. Frequent raising of mucus, with a burning sensation in the throat and rectum. Frequent fainting fits, with imperceptible pulse.

Croton tiglium.

Objective. Eczema on the face and genitals. Eschoriæ dry, and finally black. Scarlet erythema all over, with rash-like vesicles. Erysipelas of the face; œdematous indented eyelid covering the eye, and large water-blisters on the chin. Herpes, redness of the skin, formation of vesicles and pustules; desiccation, desquamation, and falling off of the pustules. Impetigo. Prurigo. Pustules. Vesicular and erysipelatous redness of the skin.

Subjective. Painful burning and itching.

Accompaniments. Salivary submaxillary glands and tonsils irritated and swollen.

Cundurango.

Objective. Pustular eruption. *Open* epithelioma. Erysipelas. Salt rheum; rhagades on the hips and in the bends of the knees, discharging an ichorous fluid, irritating the surrounding parts. Scrofulosis. Small-pox. Syphilis. Teleangiectasis. Cancerous (open) ulcers.

Cuprum aceticum.

Objective. Leprous eruption, consisting of spots, without itching. Repercussion of the eruption, and metastasis to the brain. Face pale and twitching. Measles. Scarlatina.

Aggravation. After the use of Pulsatilla.

Accompaniments. Convulsions. Vomiting and gagging. On falling asleep begins to talk, scold, scream, turn, and twist; when awakened is rational.

Cupri arsenitum.

Objective. Boils on the scrotum. Eruptions of various kinds. Pustular tumors on the wrists and ankles.

Subjective. Itching of the arms and legs.

Cuprum metallicum.

Objective. Contraction of the skin all over the body. The eruption quickly disappears. Eruptions resembling lepra, dry itch, measles, and scarlatina. Herpes in the bend of the elbow forming yellowish scales. Rash on chest and hands. Spots on the arms. Old ulcers. Watery vesicles on the tips of the fingers.

Subjective. Burning-itching.

Aggravation. At night. Before the menses.

Amelioration. During the sweat. From being mesmerized.

Accompaniments. Convulsions, rolling of the eyes, and distortion of the face, mouth, and flexor muscles. Delirium. Great restlessness. Sopor.

Cyclamen.

Objective. Eczema on the face. Bright red spots on both thighs. Red vesicles at the middle joint of the little finger of the left hand.

Subjective. Itching-gnawing. Stinging-itching. Pressing, drawing, or tearing pains. Sudden, sharp, continuous pricking, leaving a numb sensation.

Aggravation. In the afternoon, and in the evening in bed. From eating fat food. After the itching.

Amelioration. From moving and walking. From scratching, wiping with the hand, and being touched.

Digitalis.

Objective. Cyanosis. Desquamation all over. Black pores in the skin, which ulcerate. Pimples on the back.

Rash on the hands. Skin is pale and yellow. Elastic swelling of the legs, and then of the hands and arms. White elastic swelling of the whole body.

Subjective. Corrosive itching darting. Gnawing itching increasing to intolerable burning pricking, alternately increasing and decreasing. Skin painful to the touch. Titillation in the affected parts.

Aggravation. In the warm room.

Amelioration. Temporary, by scratching.

Accompaniment. Increased urine.

Dolichos pruriens.

Objective. Dry tettery eruptions on arms and legs, resembling zona. Prurigo.

Subjective. Violent itching all over; sometimes with no perceptible eruption.

Aggravations. At night. During pregnancy. From scratching.

Drosera.

Objective. Measles. Red spots on back of hand and behind wrist. Deep ulcer on the back of the right hand with discharge of bloody water.

Subjective. Burning after rubbing. Itching stinging.

Aggravations. By rubbing. On getting warm in bed. While lying down. After midnight.

Accompaniment. Cough like hooping-cough, with drawing together of the abdomen.

Dulcamara.

Nosological. Adenitis. Dandruff. Eczema. Herpes. Impetigo. Measles. Nettle-rash. Pemphigus. Scarlatina. Scald-head. Warts.

Objective. White blotches with red areola on arms and thighs. Vesicular eruptions; suppressed eruptions; humid eruption on the cheek. Herpes, oozing after scratching,

reddish with red areola, bleeding when scratched, with red edges sensitive to touch and cold water; small round herpes, dry or humid, spreading and forming brown or yellow crusts; herpes on the labia and hands especially. Bright red acuminated pimples, filling with pus. Small pimples on the chest and abdomen. Pimples and small ulcers about the mouth. Pustules which close, itching after scabbing over. Suppurating pustules. Red spots with vesicles. Scald-head, thick brown crusts with reddish borders on temples, forehead, and chin, which bleed when scratched. Hot dry skin. Warts on the hands. Wens.

Subjective. Burning when rubbed. Burning itching, like the rapid crawling of insects. Itching stinging.

Aggravation. At night. After taking cold; from cold *damp* air. By washing. When rubbed. From suppressed menstruation. By scratching at first and then amelioration.

Amelioration. In dry weather. From warmth. From continued motion. After scabbing over.

Accompaniments. Constipation and painful strangury. Griping pain in the bowels, nausea, and diarrhœa. Glandular affections. Soft, full, slow, bounding pulse.

Electricitas.

Objective. Blister filled with a greenish, sanguineous fluid on the hand. Carbuncles. Eruptions like measles and itch. Miliary eruption. Eruption of small nodosities. Red spot on the knee. Whitish spot on palm of left hand. Crusty ulcers on the extremities. White vesicles. Wheals.

Subjective. Itching and burning. Tingling.

Eugenia iambos.

Objective. Pimples (sore acne) on the face.

Euphorbium.

Objective. Boils. Chronic and erysipelatous eruptions.

Herpes. Swelling of the face with pea-sized yellow vesicles. Scarlet red streaks on the left forearm, disappearing when moving the finger over them. Old, indolent ulcers. Warts.

Subjective. Biting, stinging, gnawing, and burning itching. Sensation as if a thin cord lay under the skin.

Aggravation. From contact. While lying down. From changing one's position.

Amelioration. From continued motion.

Euphrasia.

Objective. Condylomata. Fine eruption around the eyes and on the nose. Measles. Rash on the face.

Subjective. Burning. Formication and numbness of the parts. Shooting itching. Stitches here and there all the night.

Aggravation. In the evening. When touched.

Accompaniments. Tosses about in bed, and cannot get warm. Streaming of hot acrid tears from the eyes, with great photophobia and profuse and fluid coryza. Cough only by day.

Euonymus Europæus.

Objective. Small reddish dry spots and pustules on the chest.

Ferrum aceticum.

Objective. Inflammation and suppuration of dark hepatic spots. Fiery redness of the face, which is covered by yellow spots. Varices on the feet.

Ferrum metallicum.

Objective. Chlorosis. Where *Ferr. acet.* seems indicated and fails. Scrofulosis.

Subjective. Burning sensation, with pain as if excoriated when touched.

Aggravation. Periodically. After midnight. From

changing one position. While lying down. From hot food. From abuse of quinine and tea.

Amelioration. From continued motion.

Fluoric acid.

Objective. Bed-sores. Nævi materni. Pimples. Ulcers with red borders and vesicles. Varicose veins on the left leg (in an old man). Small, bright red, round, elevated blood vesicles, resembling flesh warts.

Subjective. Burning. Itching of cicatrices of ulcers.

Galvanismus.

Objective. Blisters becoming painful, brown, and swelled; or else discharging much corrosive serum. Miliary eruption, like scarlatina, over the whole body except the face; scarlet redness of the neck, chest, arms, and legs. Reappearance of suppressed scabies. The margins of ulcers become inflamed.

Galium.

Objective. Scurvy. Aphthæ. Cancerous tumors on the tongue. Dropsy. Inveterate skin diseases.

Gelseminum.

Objective. Erythema of the face and neck. Papulous eruption on the face like measles. Eruptions recede. Erysipelas, not vesicular or phlegmonous, but a milder variety. Measles (especially catarrhal symptoms). Scarlatina Pimples on the forehead and neck.

Aggravations. At night. When moving.

Accompaniments. Chilliness. Deep-red, flushed heavy face, as if the patient were intoxicated; eyes suffused and heavy. Delirious muttering. Profound prostration of muscular power. Throat feels filled up, and is red and swollen.

Ginseng.

Objective. Erythema on right cheek, ala nasi, and chin, followed by chapping of the parts. Mealy herpes with desquamation after fifteen days. Lips dry, red, cracked and bleeding, especially the lower lip. Miliary rash. Pimples on neck and chest.

Subjective. Burning. Itching. Tingling.

Granatum.

Objective. Chilblains. Painful corns. Adenitis. Pustules on forehead and temples, leaving small tubercles. Ulcers.

Subjective. Burning-itching. Sensation as if the parts were excoriated. Dry heat all over.

Graphites.

Nosological. Adenitis. Boils. Dandruff. Phlegmonous and vesicular erysipelas. Encysted tumors. Erythema. Eczema. Felons. Freckles. Falling off of the hair. (Zona.) Herpes. Intertrigo. Lichen agrius. Prurigo. Nodosities. Scrofulosis. Scald-head. Ulcers.

Objective. Small boils on the neck, back, and arms. Phagedenic blister on the little finger, suppurating and discharging pus. Dandruff, with transparent, glutinous discharge. Eczema on genitals, calves of legs, bends of extremities, and head and face, and hands and forearms; worse on the left side of the face; and thick crusts and a raw surface and deep rhagades; scald-head, with transparent, glutinous discharge, forming crusts; worse on the left side of the face, and on the chin, and behind the ears. Eruptions humid and scabby, sometimes with secretion of corrosive serum on the face, as if the skin were raw; vesicular, below the ankles; humid on the scrotum, over the nates and thighs, with but little moisture; like red spots on the arms. Erysipelas (phlegmonous and vesicular)

near the navel, with large vesicles; with transparent glutinous exudation; chronic, running in streaks. Excoriation in children, especially behind the ears and between the thighs, with transparent glutinous exudation. Felons; superficial inflammation about the root of the nail. Herpes, especially on face, tibia, and upper part of thighs; humid, like an inflamed swelling. Proud flesh and fetid pus in ulcers; deformity and thickening of the nails. Pimples moist on face, on labia; small red tips full of pus at night, and gone the next day; full of acrid water. Skin of the neck hard, nodulous, and rough. Obstinate chronic dryness of the skin. Skin unhealthy, every injury tends to suppurate. Red spots like flea-bites. Red spots all over, especially on the calves of the legs, for seven days. Red spots on the thighs. Innumerable red tips on the thighs. Encysted tumors. Inveterate ulcers. Scurfy ulcer on the tibia, with inflamed edges and swelling all around; scurf from the ulcer smells like herring pickle. Painless vesicles on the swollen prepuce. Corrosive vesicles. Small vesicles after scratching. Pustules on the toes. Small pustules on the chin and chest.

Subjective. Burning-throbbing. Burning-stinging spreading in rays in the face during erysipelas. Burning in an old cicatrix. Gnawing-itching. Itching. Tearing-burning shooting. Pressure. Violent pain in the ulcerated limb, as if the bone were being dashed in pieces. Smarting. Stinging. Stitches.

Aggravation. At night and in the evening (itching). In women with feeble catamenia (herpes). During, after, and from suppressed menstruation. On the left side, especially face. In a draught of air. From cold and wet. After drinking. In the warmth of the bed. After scratching.

Accompaniments. Face pale and bloated. Diarrhœa *after menstruation.* Constipation. Stools large, and almost impossible to evacuate.

Gratiola officinalis.

Objective. Acne punctata. Small boils. Running, corrosive, eruption-like scabies or herpes. Herpes. Itchlike pustule below the left buttock. Miliary pimples with yellow tips. Redness of the face.

Subjective. Itching, with burning. Tension and tingling, and sensation of swelling in the face.

Aggravation. In the afternoon. After eating. After scratching.

Amelioration. From contact.

Guaco.

Nosological. Cancerous ulcers and tumors. Obstinate, indolent ulcers. Syphilis (chancres).

Guaraca trichloides.

Objective. Acne rosacea. Adenitis. Eruption behind the ears. Dry eruptions. Eruptions of vesicles. Steatoma. Red spots on the legs. Yellow spots on the temples. Lupus of an ochre-red color.

Aggravation. In the room. After acids. After physical exertion.

Amelioration. From warm coverings.

Gummi gutti.

Objective. Papulæ on both hands, at first pale, and afterwards red. Pemphigus. Swelling and redness of the affected parts. Burning vesicles on the inner side of the lips.

Subjective. Burning, stinging, gnawing, and ulcerative pains. Itching and formication here and there all night. Pain as if bruised.

Aggravation. In the evening and at night. After scratching.

Amelioration. While walking in the open air.

Gymnocladus Canadensis.

Objective. Erysipelas in the head and face, which is swollen and hot.

Subjective. Sensation as if flies were crawling over the right side of the face.

Aggravation. In the evening. After eating. From walking.

Haracleum sphondilium.

Objective. Humid eruptions like scabies.

Subjective. Much itching.

Helleborus.

Objective. Miliary eruptions. Falling out of hair and nails. Peeling off of the epidermis. White vesicles on the lips. Skin pale. Scald-head; moist scales, with engorgement of the glands of the neck. Small vesicles on the fingers of the right hand, humid for a long time, and then covered with scurf.

Subjective. Pricking. Pressing. Sharp tearing stitches here and there. Soreness of the bone under vesicles. Smarting when touched. Sensation as if swollen parts were too heavy, and were being pressed asunder. Tearing pains.

Aggravation. From 4 to 8 P.M., and in the evening especially. In the cold air. In warm weather.

Accompaniments. Sudden dropsical swelling of the whole body from repercussion of scarlet fever or purpura miliaris.

Hepar sulphuris calcarea.

Nosological. Adenitis. Acne punctata. Boils. Eczema. Erysipelas, simple, vesicular, and phlegmonous. Crusta lactea and serpiginosa. Herpes. Intertrigo. Nettlerash. Panaris. Scald-head. Scabies. Scrofulosis. Scurvy. Syphilis. Encysted tumors. Ulcers, chancrous, chancroid, inveterate. Varices.

Objective. Boil on the buttock. Large boils. White blisters after scratching, discharging a whitish fluid. White blisters on the lips, chin, and neck. Eczema on the face and genitals, with a purulent secretion. Scaly eruption on the hands. Eruption of pimples and tubercles. Humid herpes, especially on the face. Intertrigo, spreading by new pimples beyond the main excoriation, which become merged into the old sore. Nettlerash on the hands and fingers, chronic form. Pimples around the knee, painless on the nape of the neck. Suppurating pimples on the sternum. Pimples on the forehead and chin. Crusty pimples on the faces of young people. Skin chapped, and rhagades on the hands and feet. Fat, pustulous, crusty scabies. Scald-head spreading as does the Hepar intertrigo (see above). Scurfy eruption on the right half of the nose, extending to the lip, with a deep fissure. Skin yellow and unhealthy; every small injury suppurates. Red tubercle on the right buttock. Ulcer on the last rib of the right side. Chancrous ulcers on the prepuce. Ulcers bleed easily when gently rubbed, and discharge pus, smelling sour, putrid, and like old cheese. Inveterate, putrid, and cancerous ulcers. Vesicles on the chin. Varices.

Subjective. Burning-itching. Burning and throbbing in ulcers at night. Gnawing corrosive pain in ulcers. Pricking tension. Pulsative pain in ulcers. Stinging soreness. Severe stitches in ulcers while laughing. Stinging-burning in corns. Shooting in ulcers. Violent throbbing gathering pain.

Aggravation. At night. In the morning. From cold air. In dry weather, and in clear, fine weather. In the east wind. After the abuse of mercury. From exercise. From contact and outward pressure. From denudation. After injuries (falling, knocking, bruising, etc.). From lying on the painful side. On the right side. During the intermittent fever.

Amelioration. In damp weather. From warmth, wrapping up, and in warm air. In the open air. When at rest.

Accompaniments. Urine blood red. Dropsy after suppressed eruptions. Croupy cough with rattling in the chest, and without expectoration. Hepar hastens, increases, and shortens the supprative process.

Hippomane mancinella.

Objective. Face swollen and covered with small desquamating vesicles. Scarlet fever.

Subjective. Burning. Itching-stinging. Stitches.

Aggravation. At night. After eating.

Amelioration. From heat. From lying down.

Accompaniments. Sore throat in scarlet fever; dryness and burning in the throat; difficult deglutition. Stitches in the throat. Much thirst.

Hydrastis Canadensis.

Objective. Eczema along the borders of the hairy scalp. Erysipelas of the face; erysipeloid rash on the face, neck, palms of hands, wrists, and joints of the fingers. Eruption like small-pox on the face. Small-pox with redness and swelling. Exfoliation of the skin. Infantile intertrigo. Pimples about the mouth and chin. Scurvy; ulcers on the legs

Subjective. Burning heat and itching.

Accompaniments. Sore throat (ulcerated). Great physical prostration, faintness, and weakness.

Hydrocyanic acid.

Objective. Red pustules on the inside of the hip. Skin dry and pale, with a blue tinge. Scarlatina, at first dark and then livid. Vesicles on the arms and the neck.

Subjective. Itching especially between the chin and the lips.

Hyoscyamus.

Objective. Abscesses on the left side of the neck. Large boils frequently. Miliary eruption especially after the abuse of *Belladonna.* Gangrenous spots and vesicles here and there on the lower limbs. Herpetic spots on the nape of the neck. Two pimples at the elbow. Eruption of dry pimples like confluent small-pox. Large pustules on the chin. Scarlatina. Skin dry and brittle, or else soft and warm ; inflamed vermilion red. Brown spots on the skin. Bleeding ulcers.

Subjective. Painful warmth after applying the hand to the parts. Pricking stitches from within outward.

Aggravation. In the evening. During and from approaching menstruation. With children. After taking cold. From eating and drinking. From contact.

Accompaniments. Mouth dry ; cannot swallow. Obstinate dropsy. Abdomen distended and tympanitic. *Stools watery* and *involuntary*, and are unnoticed by the patient. Stupid drowsiness, or sleeplessness and nervous restlessness. Vacant staring or else red prominent eyes. Speech embarrassed and indistinct muttering ; delirious loquacity.

Hypericum perfoliatum.

Objective. Eruption like nettlerash on both hands at 4 o'clock P.M., and in the evening. Wounds from nails, splinters, needles, mashed fingers, etc. When nerves have been injured, *Hypericum* is a prophylactic to lockjaw.

Subjective. Violent itching. Smarting.

Aggravation. At 4 P.M. In the evening.

Accompaniments. Oppression of the chest. Chilliness all over. Vesical tenesmus. Much thirst.

Ignatia.

Objective. Blotch at the anus. Boil on the inner side of the thigh. Chilblains, excoriation, and vesicles (pruritus). Eruption on the face. Nettlerash.

Subjective. Burning in ulcers. Itching relieved by scratching. Fine pricking like flea-bites.

Aggravation. In the morning. In the evening. After sweating. During the (chill in) intermittent fever. After eating. From coffee, sweet food, and tobacco. After getting warm in the open air.

Amelioration. From scratching. By changing one's position. When lying on the affected part.

Indigo.

Objective. Boils on the neck and buttocks. Blotches on the hands. Small blisters on the left side of the face from the forehead to the neck. Pimples on the face and body.

Subjective. Excessive itching (preceded by a dull headache), especially on right elbow-joint.

Aggravation. In the afternoon and evening.

Amelioration. From rubbing, pressure, and motion.

Iodine.

Objective. Adenitis. Flat blister on the knee as if full of bile. Large boil between the scapulæ, with gangrene of the legs. Small boil on the posterior surface of the right upper arm. Furfuraceous eruptions. Eruption like scarlet-rash. Fungus articularis after measles. Felons. Goitre. Glandular swellings on nape of the neck, in the axillæ and the groins. Herpes. Glandular indurations. Blue-red nodosities (furfuraceous) in the integuments of both mammæ, with desiccated points at their tips. Papulæ. Small dry red pimples on the arms, chest, and back. Redness on the neck and chest as if ecchymosed. Scrofulosis. Scald-head. Small yellow scurf at each nostril and concha. Yellow spots on the neck. Round spot between thumb and index finger covered with two whitish vesicles. Red spots on the nose below the eye. Skin dry, rough, thickened, brown like parchment. Scales

off, leaving a greasy sweat under the scales. Œdematous dropsical swellings. Hot, dark-red lymphatic swelling in the right axilla, size of a walnut, discharging a cheesy pus. Ulcers, also on the cheek. Skin insensible, and of a dirty yellow color.

Subjective. Burning-itching. Drawing-burning. Intense warmth. Jerking sensation (in pimples while appearing).

Aggravation. In the night. In the morning and in the evening. From movement. From contact and outward pressure. From warm air and warmth generally. From lying in bed and on the painful side.

Amelioration. From rubbing. From cold.

Accompaniments. Ulcers in the throat. Everything in the distance appears blue to him.

Ipecacuanha.

Objective. Aphthæ and eruptions on the lips. Herpetic eruption at the wrist-joint and anus, with red blotches after scratching. Miliary eruptions and bad effects of their repercussion. Measles, eruption tardy in appearing. Rash on the face. Scarlet fever.

Subjective. Violent itching. Pricking-burning pains.

Aggravations. From motion. From eating veal. In lying-in patients. From abuse of *Cinchona.*

Accompaniments. During the nausea the patient scratches until relieved by vomiting. Constant nausea and occasional vomiting. Short hurried breathing, and incessant violent cough with every breath.

Iris versicolor.

Objective. Tinea capitis; crusta lactea; porrigo; eczema of the face. Pustular eruption on the face around the nose and lips, and on the cheeks, secreting a sanious irritating pus. Obstinate lepra vulgaris on the arms. Psoriasis in relievo, skin fissured and irritable; irregular

patches on the knees and elbows and all over the body, with shining scales, and slightly raised and irregular edges.

Jacea.

Objective. Scald-head.
Subjective. Violent itching.
Aggravation. At night.
Accompaniment. Urine smells strong, like cat's urine.

Jacaranda Caroba.

Objective. Pimples on the glans penis. Syphilis, with characteristic eruptions. Ulcers on the legs.
Accompaniments. Chordee, in gonorrhœa. Phimosis. Gonorrhœal rheumatism.

Jatropha Curcas.

Objective. Ulcers in the nose and mouth.

Juglans Cinerea.

Objective. Erythema of the face. Peculiar exanthematous eruption like scarlet fever. Eruptions, pustular, vesicular, and like simple eczema. Erysipelatous inflammation of the body and extremities. Pemphigus.

Kali bichromicum.

Objective. Eruption on the face like small-pox. Dry eruption all over like measles. Papular eruption on the forearms, lasting a few days, and frequently recurring. Vesicular eruptions. Eruption of small pustules, like small-pox, all over, which die away without breaking. Eczema. Ecthyma. Impetigo, pustules. Reddish hard knots on the thighs and legs, from the size of a pin's head to a pea, with depressed dark scurf in the centre, surrounded by an inflamed base (preceded by itching and heat). Small red elevation, with dark centre, and elevated circumference. Inflamed feet, with ulcers breaking out in

twenty-four hours. Small pimples on the legs, which spread into large scarlet blotches, discharging yellow matter. Small round pustules on the hands, secreting a watery lymph when opened; if left alone the secretion consolidates into a yellow viscid mass. Small pustules at the roots of the nails on both hands, extending back over the hands to the wrist; the arm becomes highly inflamed, and the axillary glands suppurate. Pustules on the arms the size of a split pea, with a hair in the centre. Swelling of the arm, followed by a boil-like elevation, which turned into a large ulcer with overhanging edges. Redness, swelling, and suppuration at the wrist. Skin hard, dry, and red. Ulcers on the forearms and arms. Painful ulcer under the thumb-nail. Oval dry ulcers, with overhanging edges, and bright-red areola, hardened movable base, with a black spot in the centre. Ulcers corrode, and become deep, but don't spread in circumference.

Subjective. Itching and heat at night, followed by the appearance of the eruption.

Aggravation. In the morning, at night, and periodically. In hot weather. After eating. In fat, fair-haired children.

Amelioration. From heat. From drinking hot tea.

Accompaniments. Running of water from the eyes, with burning in them when opened. Watery discharge from the nose, with great sensitiveness and ulceration of the parts. Pustules on the cornea. Stitches in the left ear, extending into the neck and head, with swelling of the glands. Thirst, with dryness of the mouth and tongue. Watery diarrhœa, followed by tenesmus. Loud rattling cough, with stringy expectoration.

Kali carbonicum.

Objective. Bleeding of ulcers, especially at night. Blotches after scratching. Chilblains of a reddish hue. Freckles. Herpes on the legs and thighs. Nettle-

rash. Odor from the mouth like old cheese. Pimples on the nape of the neck. Ulcerated pimples at the anus. Small pimples on the chest and back. Pimples on the face and eyebrows, with redness and swelling. Yellow scaly spots on the abdomen and about the nipples, becoming moist when scratched. Red and yellow spots on the body, oozing after scratching. Skin on the hands rough and chapped. Scald-head. Spreading vesicles on the left index finger, discharging a watery humor. Vesicles on the tibia, with inflamed areola. Corrosive vesicles. Vesicles and rhagades on the lips. Old warts on the face. Wens on the scalp.

Subjective. Aching. Burning as from a vesicatory. Burning lancinating-itching. Cutting pain. Itching-stinging. Violent itching, especially on the abdomen and thighs. Pricking. Sensation as if painfully ulcerated.

Aggravation. After midnight (at 3 o'clock A.M.). From cold, and in the cold air. After eating. From getting heated. During and from suppressed menstruation.

Amelioration. From warmth. Warm air.

Accompaniment. Obstructed respiration.

Kali causticum.

Objective. Warts and ephelides.

Kali chloricum.

(CHLORIDE OF POTASH.)

Objective. Miliary and venereal eruptions. Inflamed flaws in the nails. Pimples on the forehead, face, and between the lips and chin. Phlyctænoidal pimples on the backs of the hands. Rash, with single pimples.

Subjective. Itching.

Kali hydriodicum.

Objective. Small boils on the neck, face, head, back, and

chest, of various sizes, consisting of slightly red blotches in the skin, growing rapidly to abscesses, with slightly reddish cuticle, breaking and discharging spontaneously. Blotch on cheeks, surrounded by swelling and redness. Blotches at the corners of the mouth. Herpes on the face. Herpes, size of a dime, on the cheek. Goitre. Itchlike pimples and vesicles. Purpura hæmorrhagica. Papulous eruption all over, but especially on the face and shoulders. Pimple near the nostril. Small pustule on the chin, discharging water. Tip of the thumb ulcerates and turns yellow.

Subjective. Itching. Burning. Painful sensitiveness.

Aggravation. At night.

Accompaniment. Dry throat.

Kali nitricum.

Objective. Boil at the lower part of the thumb. Fatal inflammation and gangrene. Pimples on the right forearm, which discharge water when scratched. Small pustule on the face. Vesicles full of thin yellow fluid.

Subjective. Burning. Formication in the hands and feet. Itching.

Aggravation. In the afternoon and evening. In bed. *From smelling of camphor.*

Kalmia latifolia.

Objective. Red inflamed spots like incipient boils here and there.

Kreosotum.

Objective. Acne. Carbuncles. Eruption of nodosities and blisters like bug-bites. Furfuraceous, mealy, dry or humid, and pustular herpes. Red scaly skin in the bends of the knees like herpes. Blotches like nettlerash. Pustulous pimples, with yellow scabs on the chin and cheek. Large, greasy, pock-shaped pustules all over. Skin on

hands cracked and rigid. Scrofulous and psoric affections. Scald-head. Pimples on the forehead. Gangrenous, cancerous, and putrefying ulcers.

Subjective. Itching, with violent burning after scratching on the extremities, whereas on the abdomen the itching is relieved by scratching.

Accompaniment. Swelling and stiffness of the feet.

Lachesis.

Nosological. Aneurisms. Boils. Malignant carbuncle. Chilblains. Erysipelas. Eczema. Ecchymosis. Erythema papulosum and nodosum. Fungus hæmatodes. Felons. Gangrene. Herpes. Intertrigo. Leprosy. Measles. Nettlerash. Pemphigus. Malignant scarlatina. Scabies. Cancerous, syphilitic, and mercurial ulcers. Warts (also on horses).

Objective. Boils on the thighs and fingers. Gangrenous blisters. Red suppurating blotches under the jaw. Carbuncles of a bluish, purplish appearance; can't bear any bandage about the parts, especially around the neck; cerebral symptoms supervene. Inflammation and suppuration of old chilblains. Eczema on the legs. Eruptions about the eyes. Simple, phlegmonous, and vesicular erysipelas of the face, especially under the left eye, with pimples, vesicles, rhagades, and corrosive oozing on the elbow. Ecchymosis. Ulcers and wounds bleed readily and profusely. Fungus hæmatodes on the right mammæ, as large as a peony, with profuse hemorrhages. Felons with proud flesh. Old reddish herpes, with thick scurf in the region of the whiskers; reappearance of suppressed herpes in the face. Herpes on the back. Vesicular eruption, with a red crown. Leprosy; loss of sensation; toes fall off. Miliary rash, like nettlerash and measles. Measles with livid eruption. Pustules. Papulæ. Pimples on the face and back; on the arms, thighs, and legs after scratching. Psoric eruptions on the fingers

and legs. Deep rhagades in the toes and on the hands. Scabies. Dry miliary itch; small and large yellowish and bluish-black vesicles. Rash all over; small smooth spots of the size of a needle-point. Small reddish spots on the face, neck, and arms. Red spots, with vesicles on the fingers and thighs. Scarlet spots on the back. Yellow, red, and copper-colored spots. Scarlet fever, and scarlet eruptions, with swelling of the cervical glands, and black lips and reddish tongue. Red lumps and tubercles. Ulcers small, and scattered about upon the neck and face. Black, gangrenous ulcers and wounds on the legs. Ichorous ulcers. Chronic, indolent ulcers, with an uneven, bluish bottom, and an offensive ichor. Ulcers surrounded by pimples, vesicles, and other small ulcers. Cured ulcers break out again. Superficial ulcers foul at the bottom, with red crowns, on the legs. Cancerous ulceration, or putrefaction of the flesh, which falls off piecemeal. Skin around ulcers and wounds is yellow, green, lead-colored, bluish-red, and black. Vesicles on the hands, fingers, and back. Small, hard, white, deep vesicles. Warts and excrescences on the hands and fingers.

Subjective. Burning, itching, and formication as from ants. Pain in old cicatrices of ulcers. Pricking in the face and about the eyes. Stinging.

Aggravation. In the evening and before midnight (from noon to midnight). Periodically (every spring or fortnight). After spirituous liquors. After the abuse of mercury. After sleeping, rising from the bed. From the heat of the sun. After violent bleeding. On the left side. In damp, hot, changeable weather.

Amelioration. In the open air. From warmth.

Accompaniments. Constipation. Convulsions. Dropsy in delayed desquamation. Diphtheritic inflammation of the throat. Fainting, nausea, spasmodic and bilious vomiting. Inflammatory fever. Sordes on the teeth. Tongue coated dark-brown, ulcerated, and can't be protruded, or

is run out with great difficulty, and trembles. Weak, quick, intermittent pulse. Cold sweats. Urine almost black.

Lactuca Virosa.

Objective. Inflammation of the skin. Various kinds of eruptions. Dropsical swellings.

Subjective. Subcutaneous lancinating, pinching, and smarting, with shootings.

Accompaniments. Asthma. Dulness and pain in the head. Short cough and dyspnœa. Small, slow pulse. Chilliness, with great distress when lying on the back.

Lamium Album.

Objective. Blisters on the heel from the parts being rubbed by the shoe, changing to a long-lasting ulcer. Ulcers, with redness and swelling of the surrounding parts.

Subjective. Biting. Pain as if excoriated. Pricking, gnawing, itching of the arms, hands, and neck. Smarting, stinging, and shooting.

Aggravation. In the morning and evening when lying in bed.

Lappa Major (Arctium L.).

Objective. Adenitis (especially affecting the axillary glands). Boils on the face, eyelids, and all over. Eruption on the head, face, and neck. Moist, bad-smelling eruption on the heads of children. Various forms of eczema. Chronic erysipelas of years' standing. Styes and ulceration of the eyelids. Scald head; grayish-white crust; most of the hair gone, and the eruption extends to the face.

Accompaniments. Headache from a suppressed eruption of the scalp.

Laurocerasus.

Objective. Eruption around the mouth. Yellow spots

on the face. Skin dry, and rough and scaly between the fingers. Pimples on the right upper arm.

Subjective. Burning when touched by water. Itching stitches.

Aggravation. In the evening. While lying down.

Amelioration. In the open air. At night (?).

Accompaniments. Painlessness with all complaints. Patient feels cold. Nausea on approaching a stove. Dry cough, aggravated while lying down.

Ledum Palustre.

Objective. Boils on the forehead. Eruption (eczema) in the bends of the extremities. Miliary eruption on the wrist. Eruption, like rot in sheep, on the chest and arms, with desquamation. Dry, scaly furfuraceous herpes on the face. Felons from external hurts (splinters, etc.). Fine pimples on the dorsum of the foot. Small red pimples on the back and chest. Pimples on the forehead. Rash on the wrist-joint. Bluish spots on the body like petechiæ. Red humid spot above the arms. Small, round, red, insensible spots on the inner side of the arms, and on the abdomen and feet. Dropsical swellings. Hot, tense, hard swellings. Hard tumor on the dorsal side of the wrist. Red tubercles on the forehead. Varicellæ on the chest and upper arms, peeling off in five days.

Subjective. Constant itching. Itching-gnawing on the abdomen and arms, with burning in the open air and after scratching. Itching-pricking relieved by scratching, but returning soon with more violence. Lacerating. Smarting. Fine stinging-itching. Stinging when touched. Tearing pains are quite characteristic of *Ledum*.

Aggravation. In the evening and before midnight. On moving. While walking. In the open air. On getting warm in bed.

Amelioration. While reposing.

Accompaniment. Anxiety.

Lobelia Inflata.

Objective. Eruptions (between the fingers, and on the backs of the hands and forearms) of small vesicles.

Subjective. Tingling, pricking, itching.

Lupulus.

Objective. Face swollen and covered with an eruption. Vesicles on the face and hands, increasing, and finally bursting spontaneously.

Lycopersicum Esculentum.

Objective. Inveterate herpes on the palmar surface of both hands.

Lycopodium.

Nosological. Adenitis. Aneurisms. Baldness. Boils. Chilblains. Dandruff. Erysipelas. Ecthyma. Eczema. Erythema nodosum. Freckles. Felons. Goitre. Herpes. Intertrigo. Lichen agrius. Nettlerash. Nævi materni. Arthritic nodosities. Prurigo. Pityriasis. Scrofulosis. Scarlet fever. Scald-head. Scurvy. Ulcers. Varices. Warts.

Objective. Boils returning periodically. Boils in the axillæ. Small boils on the hands. Dandruff, smelling badly. Eruptions on the face, neck, chest, lips, chin, and at the anus. Secondary eruption of dark-red blotches on the face, hands, back, and thighs. Erysipelas on the face and forearms. Eczema on the face, genitals, legs, neck, and fingers of the right hand; bleeds easily, and is covered with thick crusts, with fetid secretion beneath. Scald-head, begins on the back of the head. Felons, with many constitutional symptoms. Insensible yellow-brown shrivelled herpes. Humid suppurating herpes, full of deep rhagades, and covered with thick crusts. Herpes on the tibiæ. Scaly furfuraceous herpes, yellow at the

base, and bleeding on the face at the corners of the mouth. Herpes on the nape of the neck, in the axillæ, on the arms, thighs, and calves of the legs. Intertrigo of children, which becomes offensive, and bleeds much. Venous and arterial nævi materni.

Objective. Pimples on the lower arms, filled with pus. Pimples between the scapulæ, and on the nape of the neck. Red pimples in clusters around the neck. Pimples on the chin. Prurigo, an (itching) eruption of the anus. Pityriasis in spots on the scalps of fair-haired strumous girls. Skin dry. Brown spots on the abdomen. Large red spots on the legs and epigastrium. Hepatic spots on the chest. *Painful* maculæ hepaticæ on the chest and arms. Dropsical and glandular swellings. Large suppurating swelling on the forearm (carbuncle?). Dark-red spots on the face, covered with pustules. Large inflamed swelling like erysipelas, suppurating like a boil, on the forearm. Ulcers, callous, carious, mercurial, fistulous, and inveterate, with hard, red, shining, everted edges, profuse hemorrhages, and inflamed swelling of the affected parts. Old ulcers on the legs. Varices of pregnant women especially. Warts on the fingers and arms.

Subjective. Burning. Burning-itching. Itching as if from fleabites, also violent and corrosive. Pricking-itching. Shooting. Stinging pains. Smarting. Tingling-stitches.

Aggravation. In the afternoon and evening, from four to eight. Before midnight. Periodically. While lying in bed on the side. When touched. From pressure from without (*e. g.*, of clothing). From wrapping one's self up when heated. From wet, warm poultices. Before and from suppressed menstruation. On beginning to move. After rising from sleep. After eating cabbage, cold food, vegetable with husks, oysters, and from drinking wine (*not* spirits). After the abuse of mercury. From strong odors.

Amelioration. On getting cool. From uncovering,

especially the head. From moving (continued). From hot food.

Accompaniments. Comatose state. Great feverishness and crossness on waking. Mental irritability. Cerebral congestion. Stoppage of the nose. Deafness, and purulent discharge from the ears. Diphtheritic sore throat, and rattling in the throat. Much distress in the stomach, twisting, crawling, emptiness, burning, heaviness, pressure, etc. Frequent belching of wind and bloated abdomen. Colic during the desquamation, with costiveness. Extreme costiveness, *especially* after prolonged attacks of acute disease. Scanty, dark-red, *hot*, albuminous urine, with strangury. Dropsy. Frequent yawning. Cold feet.

Magnesia Carbonica.

Objective. Small boils on the forehead, neck, chest, and especially on the thighs. Falling off of the hair. Engorged glands. Small, elevated, red, smooth herpes, scaling off, on the chest, calves of the legs, and about the mouth. Hard nodosity on the right temple. Nodes under the skin, in the axillæ, above the elbow-joint, and in front of the left shoulder. Pimples after scratching. Psoriasis or pityriasis palmarum or plantarum. Small red spots on the chest. Red spots on the thighs after scratching. Scrofulosis. Tubercle on the wrist pouring out clear water when pressed. Spreading, corroding vesicles on the hands. Clear vesicles after scratching. Dryness of the skin.

Subjective. Burning-pricking of the skin. Violent itching. Formication here and there at night in bed. Stinging. Shooting pain.

Aggravation. In the evening. At night. When at rest.

Amelioration. In the open air.

Accompaniment. Shuddering all over at night in bed.

Magnesia Muriatica.

Objective. Blotches on the face. Boils. Eruption of small red papillæ. Engorged glands. Pustular eruptions. Pimples on the face. Large transparent vesicles on the lips, which are cracked. Yellow, earthy complexion.

Subjective. Burning after scratching. Formication. Itching. Tingling in the skin.

Aggravation. In the evening and at night. From touch. When at rest. In a warm room.

Amelioration. From pressure from without.

Magnesia Sulphurica.

Objective. Hard blotches or as if from a nettle sting. Red herpes. Nettlerash.

Subjective. Burning after scratching. Itching.

Aggravation. In the evening. At night. During menstruation.

Magnetis Arcticus.

Objective. Red eruption on the palms of the hands. Felons. Herpes. Pimples. Itchlike pustules. Deep lentil-sized ulcers.

Subjective. Burning and burning-tearing. Crawling-itching on the outer side of the limbs, terminating in soreness. Itching of the soft parts. Pricking in small spots in the soles of the feet. Single stitches. Tingling, and lacerating itching.

Accompaniment. Sensation while moving the jaw as if dislocated, with squeezing pain in the maxillary joint.

Magnetis Australis.

Objective. Felons. Ingrowing toe-nails, which penetrate the flesh; the great toe most frequently affected. Varices of pregnant women.

Subjective. Itching stinging-tearing here and there.

Lancinating, pulsative pains in the roots of the nails as if they would suppurate.

Manganum.

Objective. Excoriations, soreness, and fissures of the bends of the joints. Herpes on the forearm. Pimples on the thigh with scurf on the tips. Skin unhealthy; every injury tends to suppurate. Small tubercles on the mammæ and on the left buttock. Malignant ulcer with a blue border following a slight scratch of the finger-nail. Small vesicles or deepseated little blotches after scratching.

Subjective. Burning on rising from bed in the evening, worse on lying down again. Burning-itching. Violent itching. Lancinating pains. Tension and soreness.

Aggravation. At night. From touch. While lying on a feather bed.

Menispermum Canadense.

Objective. Chronic herpetic eruptions. Easily bleeding pimples on the face. Tertiary syphilis.

Subjective. Itching all over.

Aggravation. From warmth.

Menyanthes.

Objective. Injuries to nerves (teeth broken in pulling, etc.). Pimples on the face.

Aggravation. In the evening. While lying down. During rest. After the abuse of Cinchona.

Amelioration. From pressure from without.

Accompaniment. Otorrhœa after measles and scarlet fever.

Mephitis Putorius.

Objective. Corns. Erysipelas of the ear, with heat, redness, and blisters. Pimples on the thighs, forehead, face, neck, and nates.

Subjective. Burning. Itching.

Mercurius Acetatus.

Objective. Pimples breaking when scratched. Ulcers.

Subjective. Burning like fire when scratched. Itching. Edges of ulcers painful.

Aggravation. When scratched.

Mercurius Corrosivus.

Objective. Blisters on the arms and abdomen. Condylomata, especially with children. Rash. Skin cold with sweat. Purple spots. Scorbutic spots over the whole body mingled with itchlike eruptions, herpes, and boils. Vesicles on the arm extending up to the shoulder.

Aggravation. In the evening. At night. From contact.

Mercurius Dulcis.

Objective. Bleeding from ulcers at night. Erythema spreading from the genitals all over. Eczema mercuriale. Desquamation from the hands and feet. Skin bright red. Blue-red tumors on the neck and body. Phagedenic ulcers, with white bases and inflamed edges, in the mouth, on the palate, face, genitals, and other parts.

Mercurius Protiodatus.

Objective. Chronic and acute glandular affections. Scarlatina. Syphilis.

Aggravation. In the evening. At night. During rest. After Lachesis.

Accompaniment. Loss of voice, hoarseness, can only whisper. Fauces ulcerated, bluish-red.

Mercurius Solubilis.

Nosological. Adenitis. Buboes. Large boils. Chancres. Dandruff. Papulous erythema. Simple and phlegmonous erysipelas; erysipelas of syphilitic origin. Eczema. Felons. Herpes. Intertrigo. Measles. Nettle-

rash. Pemphigus. Rash. Scabies. Scrofulosis. Scurvy. Scarlatina maligna. Small-pox, especially the suppurative stage. Scald-head. Fungous, chancrous, phagedenic, carious, and syphilitic ulcers. Varicellæ.

Objective. Blisters full of watery fluid on the inner side of the wrist. Little blotches and ulcers on the calves of the legs and the abdomen. Desquamation all over, especially from the backs of the hands and from the feet. Eczema, yellow crusts, and inflamed surroundings after scratching, on the face, legs, and the bends of the extremities. Vesicular eruption on the lower limbs. Hot, small, red elevations, whose tips become white and scaly on the left arm, especially on the elbow, and also on the nates. Eruption on both thighs, especially on the inner side (preceded by heat in the head and dorsa of the feet), with a discharge of burning water after scratching. Felons; the inflammation extends to the sheaths of tendons and the ligaments of joints. Herpes on the right forearm, wrist, and hand, the skin peeling off. Herpes behind the thigh; the epidermis comes off while scratching. Herpes, spots, and suppurating pustules, surrounded by a border of large scales (on the forearm and knee), discharging a good deal of moisture. Herpes, raised and dry, on the limbs, wrist-joints, hands, and between the fingers. Impetiginous and furfuraceous herpes. Intertrigo, worse at night, raw and bloody. Nettlerash changing to red spots. Ulcerated incrusted pimples. Pimples on the labia. Small pimples, changing to ulcers, with desquamation during the healing. Pock-shaped eruption above the arms. Papulæ whose tips are filled with pus on the extremities. Small pimples on the inner side of the thighs. Deep fissures and rhagades in the hands and fingers, looking like incisions, especially on the inside of the fingers, sore and bleeding at the base. Rash on the forearm, measle-shaped, over the whole body, but particularly on the chest, thighs, and the lower part of the back.

Small ulcerated sores at the finger-joints. Healthy and malignant suppurations. Yellowish scab on the face, discharging a fetid humor and bleeding when scratched. Scabies; itchlike eruption on the hands, thighs, and abdomen; eruption, like scabies; sarcoptica on the lower limbs, sexual parts, neck, abdomen, and the bends of the knees, a red raised humid eruption; dry, readily bleeding itchlike rash; fat itch, especially in the bends of the elbows. Red, shining, hard swelling on the right tibia. Suppuration of the glands with shining redness. Skin yellow. Red raised hepatic or scorbutic spots. Large, red, round, scaly spots on the forearm and wrist. Gray flat scurf on a swollen spot. Round stigmata on the thighs and legs, changing gradually to ulcerated spots, and becoming covered with scurf. Tubercles on the labia. Red tubercle on the back of the hand. Tumor on the upper part of the left thigh. Fetid putrid ulcers on the legs; ulcers discharging an acrid corrosive ichor, with unequal elevations and depressions; spongy, bluish, readily bleeding ulcers; spreading ulcers; ulcerated sores on the left leg, which begin as pimples; ulcers on the outer side of the left thigh. Small red vesicles at the termination of the glans behind the prepuce, changing to ulcers, discharging yellow-white, strong-smelling matter; the ulcers are round, with raw overhanging edges and cheesy lined bottoms, and bleed freely. Small transparent vesicles full of watery fluid. Vesicles on the forepart and sides of the glans, penetrating deeply and spreading, discharging and soon disappearing. Varicellæ; water blotches turn yellow and maturate.

Subjective. Burning. Beating and stinging. Gnawing-itching. Itching. Itching changed to burning by scratching. Voluptuous itching. Pressive pulsative pains. Stinging and stinging-itching as from flea-bites. Shooting and tensive pains.

Aggravation. In the evening. At night. In cold,

damp weather. When sitting and walking. In the heat of the bed. When scratched. After dropsical swellings.

Accompaniments. Nervousness and sleeplessness; the child does not sleep at night. Raging pain in the forehead. Bright red face. Sore throat, tendency to ulceration, difficult deglutition, and the glands much swollen. Great flow of saliva. Some thirst. Acrid diarrhœa, with pain in the bowels, and tenesmus; dysenteric, slimy, blood-streaked stools. Soreness and inflammation of the genitals. Unequal, quick pulse. Cold clammy sweat upon the lower limbs and abdomen, especially about midnight. General night-sweats.

Mercurius Vivus.*

Objective. Adenitis. Small, flat, light-red blotches on the sexual parts, abdomen, chest, and the inner side of the thighs. Buboes. Exanthemata spreading from the pit of the stomach over the abdomen and chest. Erysipelas spreading from the back around upon the abdomen. Syphilis. Scabies easily bleeding. Swelling of the glands. Crusts and pimples on the lips and chin. Red spots covered with small vesicles, of the size of a millet-seed, filled with purulent lymph. Ulcers, corroding, and easily bleeding, also syphilitic.

Subjective. Burning after scratching. Violent itching.

Aggravation. In the evening. At night. With women with leucorrhœa. With children. Before falling asleep. From the heat of the bed. After taking cold. From cold air. While lying on the right side. During sweat. From motion. Scratching and touching.

Amelioration. In the morning. While at rest.

* We use *Merc. sol.* and *Merc. viv.* indiscriminately, and have regarded the pathogenesis as identical; but as some writers on Materia Medica make a distinction, we give separate symptomatologies, as we have found them.

(Daphne) Mezereum.

Objective. Blotches on the right forearm about the size of small peas, becoming hard after scratching. Boils on the face. Crusty eruptions, white scabs, bleeding when touched. Ulcerated eruption like pimples at the finger-joints. Engorged glands. Desquamation. Herpes, oozing eruption behind the ears. Chronic miliary eruption. Single pimples on the thighs. Smooth red pimple on the right side of the neck. Red pustules on the outer side of the extremities. Rash on the nape of the neck, back, and thighs. Red rash sometimes in clusters on the head and arms. Red spots like flea-bites on the chest. Moist scald-head. Honey-like scab around the mouth. Scrofulosis, with constant excoriation in the throat and at the nose. Inflamed, easily bleeding ulcers forming scabs, and surrounded by vesicles. Vesicles on the ball of the thumb.

Subjective. Burning after the spots have disappeared. Burning, and stitches from within outward in the hands. Tickling-burning. Gnawing as if excoriated. Gnawing-itching. Itching. Stinging. Shooting.

Aggravation. In the evening and at night. When touched. After scratching. After Mercury.

Amelioration. In the open air.

Accompaniments. Neuralgia intercostalis following herpes.

Millefolium.

Objective. Condylomata. Fistulous and cancerous ulcers. Painless varices of pregnant women.

Morphium Aceticum.

Objective. Conical blotches, either red or skin color, more easily felt than seen.

Subjective Itching, particularly on the face, neck, loins, and genitals.

Moschus.

Objective. Eruption on the ears. Mercurial and venereal herpes. Small pimples in the face. Pimples on the dorsum of the foot, between the toes, on the shoulders, and the left upper arm, bleeding after scratching.

Subjective. Burning after scratching. Intolerable burning. Violent griping. Itching.

Aggravation. On getting cold.

Amelioration. On getting warm.

Muriatic Acid.

Objective. Red tensive blotches on the right side of the neck. Small boils on the back and temples. Blotches on the forearms and elbows. Scaly eruption on the lips, backs of the hands, and upper part of the fingers. Herpes. Ephelis. Black pocks and pustules. Pimples on the face. Pustules on the forehead and temples. Round, rough, herpetic spots on the inside of the thighs. Scrofulosis. Scurvy. Scarlatina, intense redness breaking out all over; or scanty eruption interspersed by petechiæ; purplish skin, and burning heat. Scabies, eruption on the lips, of pimples on the face, forehead, and pustules. Putrid ulcers on the legs, of fetid odor, and covered with scurf.

Subjective. Burning on the edges of ulcers. Itching-stinging. Shooting when touched. Voluptuous and lancinating tickling.

Aggravation. In the evening and before midnight. When touched? During motion. In persons who work in salt works, and those who inhale or take Muriate of magnesia.

Amelioration. From touching and scratching.

Accompaniments. Dropsy and cachexia. Coma. Great anxiety and restlessness. Patients constantly uncover themselves and slide down in the bed. Pulse intermitting

in regular intervals. Severe sore throat, dark bluish-red fauces, and aphthæ in the mouth. Foul breath. Sighing, groaning respiration. Discharge of thin acrid pus from the nose, excoriating the nose and lips.

Nabulus Serpentaria.

Objective. Pimples on the face about the nose, upper lips, and chin.

Subjective. Itching. Pricking sensation all over.

Accompaniments. Chilliness not removed by heat. Profuse dysenteric diarrhœa.

Natrum Carbonicum.

Objective. Rose-colored blotches in leprous patients. White bullæ, with red areolæ on the index-finger. Blisters on the toes. Excoriation between the toes. Itch-like eruption. Humid eruption around the nose and mouth, and on the lips. Freckles on the face. Herpes, discharging a purulent fluid. Herpes on the outside of the hands. Spreading and suppurating herpes. Yellow rings like the remains of herpes. Herpes around the nose and mouth, and on the lips. Herpes circinnatus. Leprosy; leprous tubercles. Black ulcerated pustules on heel; pustules on the small of the back. Pimples on face and lips. White pimples on the nose. Red spot on big toe, as if contused. Skin dry, rough, and chapped. Scrofulosis. Ulcers around the nose and mouth, and on the lips. Ulcers on the heels. Red vesicles filled with fluid, in the bend of the elbow, and in the fold between the genitals and the thigh, and on the chin. Warts on the arms and backs of the hands.

Subjective. Burning in injured parts, with shootings, and incisive pains. Itching as from fleas. Tingling.

Aggravations. After midnight. During a thunderstorm. In the sunshine. In the forenoon. From sweats and from smoking. From pressure and motion.

Ameliorations. From cold and uncovering. By touch. By lying on the left side. By rubbing and scratching.

Accompaniments. Profuse sweat after violent work.

Natrum Muriaticum.

Nosological. Acne punctata. Boils. Corns. Eczema. Felons. Goitre. Herpes; herpes circinnatus. Nettle-rash. Scrofulosis. Varices. Warts.

Objective. White blotches on the arms and hands, becoming red after friction. Large red blotches over the whole body, especially on the neck. Miliary eruption all over. Eczema, raw and inflamed; scurfy, and discharging a corrosive fluid, which eats among the hair; worse in the edges of the hair, and on the genitals and legs. Herpes about mouth, and on the arms and thighs; humid on the scrotum and thighs. Herpes in the bend of the knee, oozing an acrid fluid; hard crusts, and deep cracks. Herpes on the face. Pimples on the face. Round herpetic spots on the arms. Red spots (of the size of a pin's head) all over. Rash on the legs, and in groups all over. Tubercles. Warts on the palms of the hands. Small red vesicles on the arms.

Subjective. Itching. Itching-stinging. Gnawing-itching. Shooting pains.

Aggravations. Periodically. At 10 o'clock A.M. At night. When touched. While lying down. After violent exercise. From warmth. From working with the hands. From Peruvian bark.

Amelioration. While fasting. In the open air. While lying down. While lying on the right side or back. On perspiring.

Natrum Sulphuricum.

Objective. Felons at the root of the nail; deep red swelling of the whole phalanx. Watery blisters between thumb and index-finger. Vesicles and pimples on the face.

Subjective. Violent itching. Shooting and shooting-tearing.

Aggravation. In the morning and evening. Before breakfast. When walking. On rising. After exposure to damp, in damp cellars, etc.

Amelioration. By movement. In the open air.

Accompaniments. Patient looks sickly and pale, feels (especially in the morning) heavy, and dull in the head. No appetite. Chilly and feverish in the evening. Pains easier while out of doors.

Niccolum Carbonicum.

Objective. Eruptions on the lips. Herpes on the lips and cheeks. Pimples on the inner side of the lower lip. Small tubercles after scratching.

Subjective. Burning-stinging as from bees. Itching of back and small of the back.

Aggravation. In the evening and at night.

Amelioration. In the open air.

Nitrum.

Objective. Tubercles of the size of a pea on the face. Ulcer discharging a bloody corrosive ichor. Vesicles filled with yellow serum, bursting when scratched.

Subjective. Lancination as from needles. Burning.

Aggravation. In the afternoon and evening and after midnight. In the morning. From eating veal. From cold.

Nitric Acid.

Nosological. Adenitis. Abscesses. Boils. Carbuncles. Chilblains. Corns. Condylomata. Erysipelas. Eczema. Ecthyma. Freckles. Herpes. Lichen agrius. Nettle-rash. Prurigo. Psoriasis. Syphilis. Scurvy. Scrofulosis. Scarlatina. Ulcers. Warts. Wens.

Objective. Phagedenic blisters on the toes. Large

boils on the scapulæ, on the nape of the neck, and on the thighs and legs. Large blotches, and bleeding after scratching. Blackness of the pores of the skin. Chilblains, especially on the big toes and hands. Eczema at the edge of the hair, in the internal ear, and on the genitals. Small flesh-colored excrescences on the glans penis, emitting a fetid humor, and bleeding when touched. Miliary eruptions. Erysipelas of the face. Herpes in the whiskers, between the fingers, and on the alæ nasi. Dry herpes on the outer side of the thigh. Pimples on the face, forehead, and temples. Pustules, with large red margins, on the face, covered with scabs. Pimples on the glans penis and perineum. Pimple on the inner surface of the prepuce, which changes into a flat ulcer, yellow as if covered with pus, and red all around it. Scarlatina, fine eruption. Skin dry and burning hot. Reddish-brown, copper-colored, and violet spots. Brown and red spots on the glans penis, becoming covered with scabs. White spots and flaws in the nails. Large blue tubercles and spots on the hands. Ulcers with sanious, sanguineous, and corrosive suppuration. Ulcers below the right hip. Chancrous ulcers on the inner surface of the prepuce and in the urethra, with ulcerated edges. Deep ulcer on the glans penis, with elevated lead-colored edges. Small ulcers on the inner side of the prepuce, secreting fetid bloody pus. Small vesicles on the prepuce, breaking and becoming covered with a brown scurf. Suppurating spreading vesicle at the tip of the thumb. Scurfy vesicles on the tip of the nose. Wens on the arms. Two small warts on the sternum. Small warts on the neck.

Subjective. Burning itching. Itching, especially in the bends of the extremities. Itching mostly at night. Itching-pricking. Violent lancinations, as from splinters, all night. Pricking in the face. Pains in old scars on a change of weather. Stitches and a sensation as of pecking. Tensive pains.

Aggravation. In the evening and at night. Before breakfast. On waking. In the open air. During perspiration. From contact. On change of weather. From drinking milk. After the abuse of mercury.

Amelioration. In the cold air. On lying down.

Accompaniments. Nausea and fever. Dryness of the mouth. Diphtheritic sore throat extending into the nose, discharging profusely a thin purulent matter. Tonsils swollen. Difficult deglutition. Tongue dry and fissured. Indistinct speech. Deafness. Intermitting breathing.

Nuphar Lutea.

Objective. Eruptions like psoriasis.

Subjective. Violent itching.

Nux Juglans.

Nosological. Adenitis. Acne pustulosa. Boils. Eczema. Herpes. Lichen. Syphilis. Scrofulosis. Ulcers.

Objective. Acne pustulosa, small pimples in the face, chiefly about the mouth. Little dry blotches, on both insteps, especially upon the left (and redness), forming a hard scab; the tubercles leave after a time, and the spot is bluish-red, and hard. Large boils on the shoulder, arm, and hip, suppurating profusely, and indurating. Large boil on the right thigh, hard and red all around, and discharging a good deal of thick bloody pus. An abrasion on the penis after an embrace changes to an ulcer, with hard edges, suppurating and forming a scurf. Eczema rubrum; small blisters in the axillæ, appearing suddenly and emitting a discharge, which colors the linen a greenish-yellow. Old herpes. Lichen; little tubercles with a hard scurf on the instep, with redness and thickened skin. Hard swelling on the left cheek. A red spot of the size of a dollar, in the centre of which is a little tubercle filled with pus, on the right forearm near the bend of the

elbow. Hard, red, painless spots, of the size of a buckshot, on the right upper arm. Ulcer on the penis.

Subjective. Violent itching and burning. Pricking-itching. Violent itching of old herpes, with great soreness of the parts.

Aggravation. In the evening in bed and at night. From sweating. From motion (of the arms?).

Nux Moschata.

Objective. Chilblains. Freckles. Pustules with broad red borders, on the chin. Blue spots. Dry cool skin. Scrofulosis. Old ulcers on the legs.

Aggravation. In cold and damp weather. After a chill. In the open air. While lying on the painful side. In women and children.

Amelioration. In dry weather. From warmth.

Accompaniments. Sleepiness. Tendency to fainting.

Nux Vomica.

Objective. Tendency to boils; small boils on the knee stiffening the whole leg; also on the thigh. Corns. Chilblains, with bleeding rhagades. Eruption on the pudendum. Ecchymosis; blue spots as if ecchymosed. Miliary eruption on arms and thighs. White miliary eruption. Herpes on the inside of the right forearm. Inflammation and redness around an ulcer on the leg. Measles. Nettlerash. Nævi materni, venous capillaries. Pimples on the face. Small purulent pimples on the cheeks and head. Rash on the knee. Hot suppurating swelling of the thumb. Scarlatina. Scrofulosis. Scurvy. Ulcers with pale red raised edges.

Subjective. Burning-pricking like flea-bites. Itching-burning. Gnawing-itching. Eruptions usually painful. Stinging pains. Skin sensitive as if sore, or feels as if asleep. Single long stitches, with soreness. Soreness in corns. Violent throbbing in chilblains *in summer.*

Aggravation. In the morning. After midnight. In dry and in windy weather; in fine clear weather. On one side (usually the right). During the fever. After drinking. After drugging. From coffee, wine, alcoholic liquors and tobacco. From contact. From motion. From lying on the right side and the back. After the measles. From cold. In the open air. During a catarrh and from suppressed catarrh. On getting cold and after taking cold. From cold food. After menstruation.

Amelioration. In the room. From warmth. From hot food. During wet weather.

Accompaniments. Nose stopped. Cough dry in the evening and loose in the morning. Small fetid ulcers in the mouth and fauces; difficult deglutition. Mouth very sore and flow of bloody saliva. Gastric derangement. Constipation.

Oleander.

Objective. Itch-like eruption. Tuberculous eruption on the face and forehead. Humid eruption on the head. Excoriation and redness. Eczema. Herpes and ulcers on the ears and around the ears. Oozing behind the ears. Scurfy pimples. Skin gets raw by the rubbing of the clothing. Vesicles on the thighs.

Subjective. Gnawing-itching while undressing. The skin is sensitive and sore.

Accompaniments. Absence of mind. Fainting.

Oleum Animale.

Objective. Excoriation in the bend of the hip. Pimples in the bend of the elbow. Oozing pimples on the nose. Papulæ on the cheek and under the skin of the occiput. Vesicles like scabious pimples. Red watery vesicles after scratching.

Subjective. Burning. Biting-itching relieved by rubbing. Itching. Gnawing-itching. Itching like flea-

bites disappearing suddenly, or changing to burning and heat.

Oleum Jecoris Morrhuæ.

Objective. Eruption of small red spots. Herpes. Scald-head. Skin red all over. Scrofulous ulcers discharging a large quantity of mucus.

Subjective. Itching.

Aggravation. In bed. At night.

Opium.

Objective. Red blotches after scratching. Small round colorless elevations. Chilblains on the fingers and toes. Pustules. The whole body looks red. Skin of a pale blue, especially on the genitals. Small red spots. Blue spots. Scarlatina.

Subjective. Burning pain. Itching and creeping. Itching from the chest upward, especially on the nose. Smarting-itching after sweating. Stinging-itching.

Aggravation. On getting heated. At night. After a fright.

Accompaniments. The brain seems affected. Delirium: a soporous condition with snoring. Convulsions. Obstinate constipation; fæces are small, hard, dry, black balls. Painlessness with all complaints. Vomiting. After *Belladonna* when it does not relieve.

Origanum Vulgare.

Objective. Vividly red efflorescence and spots on the abdomen and legs.

Osmium.

Objective. Scarlet red rash on the thighs and ankles.

Oxalic Acid.

Objective. Eruption in circular patches, with redness.

Pimples on the nose. Skin mottled in circular patches. Warts.

Subjective. Itching. Smarting and soreness.

Aggravation. Periodically. On the left side.

Pæonia.

Objective. A running fetid ulcer on the verge of the anus.

Subjective. Burning-smarting, with itching. Pricking, itching, stinging.

Accompaniments. Ulcers and rhagades very painful and sensitive in the rectum.

Palladium.

Objective. Pimples on the face, nose, and behind the ears. Warts on the knuckles.

Subjective. Itching. Itching-crawling as from fleas.

Paris Quadrifolia.

Objective. Felons. Herpes about the mouth. Purulent pimples under the nose and on the chin. Pimples on the forehead. Sanguineous pimples on the lower jaw. Red spots on the cheeks and lower jaw. Red curved streak above the umbilicus.

Subjective. Pain as of excoriation. Violent itching. Subcutaneous tingling.

Paulinia Pinnata.

Objective. Red spots on the face. Suppuration behind the head. Ulcers on the lower limbs.

Subjective. Itching in the hands and fingers, behind the head, and in the ulcers.

Pediculus Capitis.

Objective. White blotches above the left breast. The face red and bloated. The skin on the left thigh peels off. Small pimples, black in the centre, on the left knee and

right side of neck. Small red miliary pimples on the calves and thighs. Whitish pimples on the forehead. Pimples on the face and chin. Vesicular pimples, with a black point in the centre. Miliary pimples on a red base on the nape of the neck. Red pimples on the hands. Red inflamed pimples on the temples, shoulders and arms. Red inflamed pimples, with a black point in the middle of a white centre, on the back.

Subjective. Itching. Pricking.

Petroleum.

Nosological. Boils. Corns. Chilblains. Erysipelas. Eczema. Herpes. Intertrigo. Nettlerash. Psoriasis. Scrofulosis. Scald-head. Ulcers. Warts.

Objective. Blisters on the heels. Blotches on the calves of both legs. Eruption between the toes. Reddish eruption on the glans penis. Moist eczema on the genitals. Tuberculous eruption on the calves of the legs Erysipelas on the arms. Chapped rough tips of the fingers: chapped hands, with rhagades. Herpes on the malleolus, on the chest, nape of neck, perineum and knee. Intertrigo behind the ears. Small pimples between the scrotum and the thigh. Pimples on the abdomen and face. Pustules. Bleeding rhagades, with thick crusts in the hands and fingers. Scurf at the edge of the anus. Large red spot on the left knee. The skin is unhealthy; every injury tends to suppurate. Excoriated running spots on the skin. Yellow spots on the arms. Brown spots on the wrists. Tumor in the axilla. Ulcers, with proud flesh. Obstinate superficial ulcers on the toes, with elevated margins, red bases, and much oozing.

Subjective. Burning. *Itching, with chills.* Stitching and cutting pains. Smarting. Shooting pains. Titillating.

Aggravation. In the morning. In the open air.

Phosphorus.

Nosological. Lymphatic abscesses. Boils. Chilblains. Corns. Erysipelas. Eczema. Fungus hæmatodes. Gangrene. Herpes. Hæmatophilia. Measles. Nettlerash. Petechiæ. Psoriasis. Scrofulosis. Scarlatina. Scald-head. Ulcers. Small-pox.

Objective. Abscesses and indurations of the mammæ. Blotches on the edges of the tibia. Hard blotches here and there. Brownish and bluish-red blotchlike spots. Blisters on the heels. Black blood oozes from an old cicatrix. Boils on the abdomen. Small boils on the nape of the neck, chest, and thighs. Copious bleeding from small wounds. Hard blisters. Cracked skin of the finger-joints, as if by cold. Desquamation. Scaly herpes on the arms and knees. Scabby herpes on the face. Dry and furfuraceous herpes. Fatal inflammation and gangrene. Pimples on the face, in the bend of the elbow, and in the axillæ. Psoriasis on the knees, elbows, legs, and eyebrows. Repercussion of eruptions. Excoriated spots, with rhagades on the skin. Yellow spots on the chest. Small spots, like freckles, on the lower part of the tibia. Blue-red spots, like petechiæ, on legs and feet. Sanguineous spots. Brown spots on the body. Round herpetic spots all over. Red streaks after scratching. Hepatic spots. Small-pox, the pock containing blood. Suddenly formed red inflamed tumor between the calf of the leg and the bend of the knee. Ulcers on the prepuce. Fistulous ulcers, with callous margins and fetid colorless pus. Large vesicles all over. Vesicles between the fingers and in the bend of the knee; vesicles around the joints of the extremities.

Subjective. Burning, compelling change of position. Burning-itching Burning when scratched. Itching. Gnawing-itching. Smarting. Shooting pain. Piercing pain. Stinging-burning.

Aggravation. In the morning. In the evening in bed. From evening till midnight. In lean, slender persons. After the measles and scarlatina. From salt and camphor. From warm food. From strong smells. When lying on the left side. When the weather changes. In the wind.

Amelioration. When lying on the right side. From rubbing. After sleep. After eating cold things, and drinking cold water.

Accompaniments. Hectic fever. Painless diarrhœa. Hæmorrhagic diathesis. Great sensitiveness of all the senses, and yet apathy. Bronchitis and pneumonia; tightness across the chest, with dry, tight cough; rattling in the throat. *Muriatic Acid* is often useful after *Phosphorus.*

Phosphoric Acid.

Nosological. Boils. Corns. Chilblains. Condylomata. Erysipelas. Herpes. Intertrigo. Pemphigus. Psoriasis. Small-pox. Scrofulosis. Scarlatina. Warts and wens.

Objective. Boils in the axillæ, on the shoulders (especially the right shoulder) and nates. Deep, hard bullæ on the ball of the thumb. Blisters on the balls of the toes. Crusts on the face. Erysipelatous inflammations and suppressed erysipelas. Dry and humid herpes; herpes on the face and chin. Pimples on the knees and calves of the legs, becoming confluent, and forming easily bleeding ulcers. Red pimples of the size of a pin's head, with a whitish elevation in the centre, on and between the fingers. Red pimples on the neck, chest, back, scrotum, and back of the penis. Smooth red pimples, with a red areola on the forearm and neck. Large pimples on the face and chin. Itch-like pustules on the nates and the balls of the toes. Rash all over; clusters of red, fine rash. Repercussion of scarlatina. Scarlet exanthems. Red spots on the backs of the hands and limbs. Redness of the whole body, with single large red spots on the shoulders,

and red streaks from the hips to the umbilicus and on the patellæ. Small-pox; the pocks don't fill with pus, but degenerate into large blisters, bursting and discharging water, and leaving excoriated places. Inveterate or flat ulcers, with dirty pus or indented bases. Ulcers on the legs. Vesicles in various parts. Warts between the metacarpal bones.

Subjective. Anæsthesia. Burning after scratching. Burning-pricking here and there. Burning-stinging. Crawling-tingling under the skin. Itching. Stitching pressure. Smarting pain in wounds, even of the bones. Skin feels sore all over.

Aggravation. During repose. From suppressed eruptions. From loss of animal fluids. After sweating.

Accompaniments. Diarrhœa. Typhoid condition. Fear of death. Great restlessness.

Phytolacca Decandra.

Objective. Abscesses of various kinds, especially of the mammæ. Boils, especially on the back and behind the ears. Drawing in of cicatrices. Cancers. Eruption on the upper lip. Eruption like lichen. Excoriation and ulceration of the nipples. Lupus (which variety?). Psoriasis. Pityriasis. Suppuration of painless tumors. Spots of the size of a lentil on the chest. Scald-head. Tardy appearance of the eruption in scarlet fever. Syphilitic eruptions. Ulcers and scaly eruptions on the face. Ulcers on the legs.

Subjective. Itching. Pressing and shooting.

Accompaniments. Delirium. *Diphtheritic sore throat.* Acrid discharge from the nose, excoriating the nose and the upper lip. Suppression of the lochia.

Plantago Major.

Objective. Eruption on the forehead. Small, red, rough, scaly erythematous patches of the size of a pea, on the

face, especially on the left side. Dry scaly eruption on the lower lip. Erysipelas of the mammæ. Red papulæ around the nose. Hard, white, flattened, isolated papulæ on the inside of the thighs; some of the papulæ have a red point in the centre. Papulæ which exude a yellowish tumor and form a crust. Redness, swelling, and vesicles on the hands and face. Incised wounds become highly inflamed, erysipelatous, and even gangrenous.

Subjective. Burning after rubbing, and when scratched. Violent itching. Pricking-stinging pains. Tensive sensation.

Aggravation. When rubbed and scratched.

Platina.

Objective. Ulcers on the fingers and toes.

Subjective. Pain, as if excoriated. Itching, or burning-pricking. Tingling-gnawing pains. Shooting pains.

Aggravation. In the evening. At rest. While lying down. In the open air.

Plumbum Aceticum.

Objective. Blue color of the body and limbs. Burns become inflamed, with swelling, and vesicles full of yellow ichor; often become gangrenous. Swollen red spots on the fingers. Dark-brown spots all over. The skin is dry. Suppuration ceases. Vesicles on the forehead and nose. Stab wounds become inflamed, suppurate, and heal rapidly.

Subjective. Burning and smarting as from fire.

Accompaniments. Constipation. Delirium. Dryness of the mouth. Swelling of the submaxillary and sublingual glands.

Plumbum Metallicum.

Objective. Bed-sores. Excoriations. Erysipelas on the nose. Gangrene. Dark-brown spots. Serous infiltration of the skin. Skin rough, dry, scaly, yellowish, pale, clay-

colored, and dingy. Small wounds inflame and suppurate easily. Ulcers.

Subjective. Burning in ulcers. Skin sensitive to touch, especially on the arms and eyelids.

Aggravation. At night.

Amelioration. By rubbing.

Podophyllum.

Objective. Skin sallow, moist, and hot. Flesh soft.

Accompaniments. Great debility with children. Painless diarrhœa of *chalky* stools.

Polygonum Hydropiper.

Objective. Superficial ulcers and sores on the upper extremities.

Polygonum Punctatum.

Objective. Chronic erysipelas, sprains, bruises, etc. Scarlet eruption in a band about three inches wide around the waist, like *zona.* Old, indolent ulcers.

Subjective. Burning and itching.

Psorinum.

Objective. Dry or moist, fetid eruptions on the head. Humid eruption on the face. Suppressed eruptions. Both inveterate and recent cases of itch; in the bends of the elbows and around the wrists; repeated outbreaks of single pustules after the main eruption seems gone. Herpes. Psoriasis. Pimples on the face. Pustules on the forehead, chin, and chest. Nettlerash; frequent attacks, with fine vesicles on the top, which dry up and peel off in fine scales. Scald-head. Ulcers on the face and legs; old ulcers with fetid pus.

Aggravation. In the evening and before midnight. In the open air. After exertion. After suppressed itch.

Pulsatilla.

Nosological. Boils. Chilblains. Erysipelas. Herpes zona. Measles. Nettlerash. Scrofulosis. Ulcers. Varices. Conoid varicellæ.

Objective. Chilblains, with bluish-red swelling and rhagades. Phlegmonous erysipelas of the face, with swelling and desquamation. Repercussion of measles. Red nodosities on the cheek-bones. Pimples from the scalp to the middle of the back. Pimples on the side of the neck. Pimples on the neck below the chin. Pimples (or blisters?) on the leg, discharging a watery fluid. Pimples or blisters between the fingers, containing water. Small pustules in the groins. The redness around an ulcer becomes hard and shining. Red, elevated spot on the dorsum of the foot. Red, hot spots like nettlerash. Swelling of the limbs. Small swellings under the skin above the elbow-joints. Ulcers bleed easily. Inflamed and putrid ulcers, with shining hardness and easy bleeding. Callous ulcers. Varices, especially of pregnant women. Highly inflamed varices.

Subjective. Burning and biting pain. Biting itching. Gnawing. Heat and throbbing. Itching. Itching-stinging as from flea-bites. Burning as from a hot coal above an ulcer. Stinging and numbness. Shooting. Stinging-smarting pain in, with itching all around, an ulcer.

Aggravation. In the evening. Before midnight. Early in the morning in bed. In the afternoon. Before and during menstruation, and from suppressed menstruation. In women. During pregnancy. In lying in women. In the sunshine. During a catarrh. From being frost-bitten. Before the fever. During the sweat. From touching, rubbing, and scratching. When getting warm in bed, or while walking. After contusions. After the loss of animal fluids. After moving. While lying on the left side, and on the painless side. On waking. After

eating fat, pork, ices, fruits, pastry, warm food, bread and butter, butter, pancakes, and buckwheat. After taking Quinine, Mercury, Chamomile, and Sulphur. After using tobacco.

Amelioration. At noon. In the open and cold air. From slow motion. From cold food and cold in general. From washing. After rising from the bed.

Accompaniments. Hardness of hearing after measles. Inflammation of the eyes and photophobia. Thick yellow coryza. Dry mouth without thirst. Gastric derangement. Rumbling in the bowels at night, followed by diarrhœa. Delayed and scanty menses. Loose, rattling cough, with thick yellow expectoration. Mild, yielding, tearful disposition.

Pulsatilla Nuttalliana.

(American Pulsatilla.)

Objective. Erythema of the scalp. Eruption of a dark-blue or red color on the back, legs, and ankles. Eruption standing out from the skin and looking like measles. Face hot and red from 4 P.M. till bedtime. Nettlerash; nodules of irregular form, round, elongated, and annular, with a red base, turning white on scratching.

Subjective. Violent itching, especially intolerable at night in bed.

Ranunculus Acris.

Objective. Gangrene. Feet red, hot, and covered with blisters here and there. Obstinate ulcers.

Ranunculus Flammula.

Objective. Gangrene.

Ranunculus Repens.

Objective. Blisters and gangrenous places on the feet.

Ranunculus Bulbosus.

Objective. Blisters between the fingers, emitting a thin, yellow fluid. Blisters on the lower limbs. Horny and other excrescences. Herpes all over. Pemphigus. Pityriasis palmarum et plantaris; psoriasis. Flat corrosive ulcers, with sharp edges. Dark-blue vesicles emitting dark-yellow lymph, and becoming covered with a horny herpetic scurf. Vesicles on the lower limbs.

Subjective. Burning. Intolerable burning-itching. Itching. Lancinating changing to itching. Pricking terminating in itching. Stinging.

Aggravation. In the morning and evening. From a change of temperature. From contact and motion. For drunkards. On entering a cold place.

Ranunculus Sceleratus.

Objective. Obstinate ulcers. Vesicles emitting a thin, acrid, yellowish ichor.

Subjective. Burning. Biting. Boring. Gnawing. Itching. Tingling.

Aggravation. In the evening till midnight. From touch.

Ratanhia.

Objective. Suppurating boil on the sole of the right foot. Small red spots on the abdomen, over the stomach. Small granular swelling on the occiput. Large tubercle on the right hip. Vesicles on the upper lip.

Subjective. Burning. Itching.

Rheum.

Objective. Rash on the forehead and arms, with itching.

Rhododendron.

Objective. Small red blotches on the inner surface of the thigh. Corns. Dark-red spots on the inner surface

of the right thigh. Red swellings of the joints. Vesicles on the lips.

Subjective. Gnawing. Itching. Shooting-stitches (in corns).

Aggravation. In the morning. During wet, cold stormy weather.

Rhus Radicans.

Objective. Lymphatic abscesses. Small watery blisters on the backs of the hands. Hard, red blotches on the extremities, face, eyelids, and neck, with raised, swollen appearance of the surrounding parts. Boils on the face. Red inflamed tuberculoid elevations of the skin. Erysipelas of the face. Eczema. Hard, red eruptions. Eruption of small granules across the forehead. Heat and redness of the face. Inflammation of gunshot wounds. Circumscribed redness on the ball of the thumb. Watery pimples bleeding and scabbing. Pimples and pustules on the face. Lymphatic swellings. Vesicles on the wrists and hands, on the scrotum, and on the face. Vesicular eruption between the fingers of the right hand.

Subjective. Burning. Itching. Tickling. Tingling. Pricking.

Aggravation. In warm weather.

Rhus Toxicodendron.

Nosological. Acne rosacea. Carbuncles. Corns. Chilblains. Vesicular erysipelas. Eczema. Felons. Herpes. Zona. Intertrigo. Measles. Nettlerash. Petechiæ. Pityriasis palmaris et plantaris. Pemphigus. Malignant pustule. Papulous erythema. Rhagades. Small-pox. Scarlatina and scarlatina maligna. Scald-head. Scrofulosis. Varicella. Warts. Wens.

Objective. Acne rosacea on the mouth and chin. Inflamed blotch on the middle joint of the ring finger. Blisters break, leaving red (sore) places. Chilblains, with blotches after scratching. Humid eruption on the scro-

tum, with swelling of the prepuce and glans penis. Eczema on the inner surface of the thighs after vaccination; eczema, with thick moist crusts on the face and genitals. Chronic suppurating eruption on the face. Eruption on the scrotum, prepuce, eyelids, arms, and hands, with swelling of the parts, and *small* yellow vesicles, which become confluent and moist; the larger vesicles suppurate, being surrounded by a red areola, while the smaller ones scale off. Felons with erysipelatous redness. Herpes alternating with pains in the chest and dysenteric stools; herpes, moist and dry; herpes zona (*Rhus* will usually cure without the supervention of neuralgia). Intertrigo of infants between the thighs. Suppressed measles and scarlatina. Nettlerash, the skin is red and swollen. Pustules on the arms, hands, and feet. Pustules on the hands and forearms, which break and emit clear moisture. Black pustules, with a high grade of inflammation, rapidly spreading. Pemphigus, each bullæ surrounded by a red, inflamed base. Itchlike pimples on the inner side of the carpus, and on the cheeks. Hard pimples on the hands. Pimples on the right side of the chest. Fine rash, with moisture, on the scrotum where it touches the thigh. Scarlatina, dark eruption. Scald-head; a bright-red edge of inflammation surrounds every portion of the eruption; thick crusts, and bloody ichor, with much fetor. Small-pox, livid eruption which shrinks in. Skin hard and tough like leather, with much desquamation. Scurfs all over. Spots near the frænulum. Red spots on the inner surface of the prepuce. Red, hot spots on the right hip. Black spots. Red, hot spots and streaks on the inner side of both knees, with small vesicles. Dark-brown marks or spots on the inside of the ankles. Petechial spots. Red spots, size of a lentil, with small vesicles in the centre. Tubercles on the knees, hips, and shoulders. Tubercles here and there. Small vesicular tubercles, like insect-bites, on the joints of the hands and feet, especially

on the outside of the ankles. Glandular swellings and indurations. Ulcers from small vesicles, with violent fever. Vesicles around the mouth and nose. Small vesicles with red skin all over. Small vesicles between the fingers and on the right hand, with swelling. Vesicles filled with a yellow fluid on the face. Vesicles on the knees, hips, shoulders, and glans penis. Confluent vesicles containing milky or watery fluid, peeling off in three days. Varicella in spreading blisters. Warts all over, especially on the hands and fingers. Wounds become inflamed and covered with small vesicles.

Subjective. Burning pain. Burning and smarting. Itching-burning pain sometimes passing into a slow stitch. Itching, especially of hairy parts. Stinging-corrosive itching. Sore excoriated feeling, and fine stitches from within outward. Stitching in the scurf on an ulcer early in the morning on waking. Smarting as from salt, at night, waking the patient frequently from sleep; also, the same during the day, worse in the open air. Tingling.

Aggravation. In the morning. In the evening. After midnight. In the spring. In the autumn. In the month of July. In lying-in women. After getting wet and cold, especially while perspiring. In cold air, from cold food, and cold in general. From cold bathing. After drinking. From exercise, from being heated. From denudation. From wet poultices. During perspiration. Before falling asleep. From lying on the painful side, and while lying down. From a change in the weather, and during wet weather. On rising. After contusions and sprains. During the small-pox.

Amelioration. After the perspiration. When walking and getting warm, and from warmth in general. From warm food. In dry weather. From wrapping up.

Accompaniments. Debility and tired feeling; free perspiration after slight exertion. Weeping and moaning. Restlessness at night. Much thirst. Typhoid symptoms.

Eyes appear swimming, as if the person were intoxicated. Bleeding from the nose at night; ichorous or thick yellow discharge from the nose. Tongue red, smooth, dry, and cracked. Swelling and suppuration of the parotid glands which discharge ichor; *first* the *left*, and *then* the *right* side affected. Sore throat, with swelling of the glands. Acrid diarrhœa. Rheumatism of the joints, worse during rest. Œdema of the genitals.

Rhus Venenata.

Objective. Boils on the forehead, neck, right thigh, and arms. Phlegmonous erysipelas; vesicular erysipelas of the face, with much swelling. Fine vesicular eruption on the forearms, wrists, backs of hands, between the fingers, and on the scrotum and ankles. Fissures in the ends of the fingers, which bleed easily. Face very red and swollen, and covered with vesicles. Scrotum swollen, deep red, and covered with vesicles. Watery vesicles on the palms of the hands, ankles, feet, and toes. Groups of watery vesicles on the fingers. Vesicles on the upper lip and ears.

Subjective. Burning. Itching.

Aggravation. From warmth. Before a rainstorm.

Rhus Vernix.*

Objective. Hard, elevated blotches, with watery vesicles on them, on the hands. Blotches on the palms of the hands, deep under the skin. Red, elevated callosities. Eczema. Phlyctænoidal eruptions. Red spots on the face. Groups of watery vesicles on the fingers, and behind the ears.

Subjective. Itching.

Aggravation. After midnight, toward morning.

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* Some claim that *Rhus vernix* and *Rhus rad.* are identical in their action; but we give distinct pathogeneses as we have found them.—Ed.

Rumex Crispus.

Objective. Eruptions from wearing flannel. Vesicular eruptions. Psoric itch. Dense rash of small red pimples on the legs.

Subjective. Itching. Pricking-itching, and stinging-itching.

Aggravation. When uncovered (undressing) and exposed to the air. After scratching.

Ruta Graveolens.

Objective. Acne rosacea. Contusions and injuries of the bones. Erysipelatous inflammation in the forehead, with swelling; erysipelas of the hands. Intertrigo from walking, or riding on horseback. Pimples on the lips. Inflamed ulcers. Fistulous ulcers on the legs. Warts.

Subjective. Gnawing-itching.

Aggravation. From uncooked food. While lying on the painful side. After injuries of the bones.

Sabadilla.

Objective. White blister, with a red edge, on the right knee. Desquamation about the nails. Erysipelatous inflammation on the right tibia. Marbled and herpetic appearance of the face. Small pimples on both forearms. Red spots of the size of a pin's head on the abdomen, chest, and hands. Small red spots on both hands. Yellow spots on the fingers. Red spots on the left arm. Red spots, and streaks or bands in different parts of the body.

Subjective. Burning. Burning-creeping. Burning-itching. Hot sensation in the arms. Pricking, especially in the fingers and toes. Shooting pains. Tingling.

Aggravation. In the forenoon. Before midnight. Periodically. During the full moon. From cold, cold air, and getting cold. During rest.

Amelioration. While moving. On getting warm. When wrapped up.

Sabina.

Objective. Acne punctata. Boils on the buttock. Intertrigo and ulceration. Large spot on the right thigh, excoriated after scratching and oozing water, which in three days forms a scurf, leaving a raw, bleeding surface when scratched off; the skin is finally left tender, red, and cicatrized; there are similar spots on the left ear. Ulcers on the buttocks. Ulcers on the inner side of the left leg, with impure bases under a loose scurf; small areola in the evening, which is redder in the morning. Sarcomatous ulcers on the tibia.

Subjective. Burning. Violent itching. Stinging. Shooting.

Aggravation. At night. In women. During pregnancy. From touch. On getting warm in bed. In a warm room.

Amelioration. In the open air.

Sanguinaria.

Objective. Carbuncles. Dryness of the skin. Scaly eruptions. Fungoid growths. Nettlerash. Pustules on the fingers and other parts. Indolent ulcers, with callous edges and ichorous discharge. Ulcerations at the roots of the nails. Warts.

Subjective. Heat. Itching. Pain in the tips of the fingers, as from ulceration. Burning of the soles of the feet and palms of the hands at night.

Aggravation. In the morning. In the evening. During motion.

Sapo Domesticus.

Objective. This remedy is almost absolutely specifically homœopathic to burns. Use externally as a salve, and internally in a dilution.

Sarracenia Purpurea.

Objective. Psoriasis. Small-pox.

Sarsaparilla.

Objective. Blotches, as from nettles. Miliary eruption on the forehead. Herpes præputialis. Herpes on the left leg, upper lip, and hands. Nettlerash. Red, dry pimples. Deep rhagades on the fingers and thumbs. Red herpetic spots on the calves of the legs. Skin shrivelled. Rough, pale-red spots on the face. Thick scabs on the face. Scabby eruption on the nose and face, like *milk crust*. Big hot swellings. Purulent ulcers. Vesicles on the fingers and chin. Warts.

Subjective. Burning. Burning-itching, with chilliness. Itching. Pain, as if from subcutaneous ulceration in the tips of the fingers.

Aggravation. After the use of Mercury. After gonorrhœa suppressed by Mercury.

Accompaniment. Hæmorrhoids.

Secale Cornutum.

Objective. Boils. Bloody blisters on the extremities, becoming gangrenous. Carbuncles. Extensive ecchymoses. Miliary eruption on the chest and nape of the neck. Gangrena senilis; gangrene of the extremities. Black gangrenous pustules. Petechiæ. Spots on the feet like fleabites. Skin dry and brittle, peels off all over, is shrivelled in places, and insensible and bloodless. Emphysematous swellings. Watery, soft, painful swelling on the wrist-joint. General desquamation in scarlatina. Tumors on the neck discharging yellow pus.

Subjective. Burning. Drawing and creeping increasing to spasms. Formication in the fingers and all over. Tingling.

Aggravation. From warmth and warm applications. During motion. During pregnancy.

Accompaniments. Watery discharge from the nose, and yet it is stopped. Bloody and albuminous urine. Contraction of the limbs. Profuse sweats.

Selenium.

Objective. Miliary eruption on the forearm. Painful hangnails. Prolonged oozing from scratched parts. Scabious pimples on the hands. Pimples on the buttocks and thighs, near the scrotum. Small pimples on the back, and hands, and below the ear. Red rash all over. Flat ulcers on the legs.

Subjective. Biting in the skin. Tingling-itching.

Aggravation. After sleep. In the sunshine. From a draft of air. From tea, lemonade, and wine.

Sempervivum Tectorum.

Objective. Burns. Corns. Erysipelas. Herpes circinnatus and "shingles." Stings of insects. Ulcers on and under the tongue. Warts.

Senega.

Objective. Bites of venomous or enraged creatures. Scarlatina. Vesicles at the commissures of the lips.

Subjective. Burning. Itching

Accompaniments. Dyspnœa. Rattling in the chest, and loose but feeble cough- Hydrothorax.

Sepia.

Nosological. Adenitis. Acne punctata. Boils. Corns. Dandruff. Eczema marginatum. Ichthyosis. Pustular erysipelas? Felons. Herpes. Herpes circinnatus. Scirrhus; glandular indurations. Intertrigo. Nettlerash. Prurigo. Psoriasis and pityriasis palmaris and plantaris. Pemphigus. Scabies. Scurvy. Scrofulosis. Scaldhead. Tinea tonsurans. Ulcers. Warts.

Objective. Red lentil-sized blotches on the hands, emitting a humor when pricked. Blotches on the face and feet. Blisters on the heels becoming ulcers. Large blisters on both upper arms. Boils on the thighs. Corns on

the feet. Dandruff in circles like "ringworm." Desquamation of cuticle from the hands and feet. Humid eruption on the inner labia, with swelling. Eczema on the face, genitals, legs, and bends of the extremities. Hot glans, with pale-red eruption. Red little induration on the inner side of the prepuce and glans. Scaly herpes on the hands. Moist and scaly herpes. Herpes, and yellow color about the mouth. Herpes on the neck and behind the ears. Humid herpes in the axillæ, and on the backs of the hands. Humidity and intertrigo in the bends of the joints. Erysipelatous inflammation of the face from a carious tooth. Deformed nails. Nettlerash, chronic form, especially on the face, arms, and thorax; breaks out during a walk in the cold air, and disappears in the warm room. Pimples on the legs, and in the bends of the joints. Small red pimples. Pustules on the arms. Scurf at each elbow. Herpetic scurf on the face. Dry scabies; itchlike eruptions. Brown spots on the chest, on the elbow, surrounded by herpetic skin. Claret-colored spots on the neck and under the chin. Red herpetic spots on both sides of the neck. Redness and red rash all over. Swelling in the wrist, elbow, and tarsal joints, and of the whole body. Glandular and lymphatic swellings. Scald-head, the eruption is very moist and discharges puslike matter. Livid spots on pregnant or nervous women. Yellow spots. Yellow streak like a saddle on the nose and cheeks. Herpetic scurf on the face. Inflammatory swelling of the face, with yellow, scurfy pimples. Red tip on the glans. Indolent ulcers. Ulcers in the joints, on the heels, instep, and tips of the toes. Eruption of vesicles, like pemphigus. Vesicles in the face, and on the hands and feet. Varicella; the pocks ulcerate and wont heal. Warts on the hands and feet. Scabies, after the abuse of Sulphur and in women.

Subjective. Burning. Itching changing to burning. Violent itching. Lancinating. Soreness in joints. Shooting. Excessive sensibility.

Aggravation. In the forenoon. In the evening, and at night. In the morning? In cold and dry weather. In the snowy air. During menstruation and pregnancy. While nursing the child. During and after the sweat. During the fever. Before falling asleep. After sexual excesses and the loss of animal fluids. After washing. After riding on horseback and in a carriage. After bee-stings. After milk and pork. After taking cold in the head. From contact. In women, especially.

Amelioration. In the morning. Lying on the painful side. After running. After smoking. After cold food and drink.

Accompaniments. Alternate chill and heat. Fever. Dyspnœa. The child jerks its head to and fro.

Silicea.

Nosological. Abscesses. Adenitis. Boils. Corns. Carbuncles. Dandruff. Ecthyma. Eczema. Felons. Fungus hæmatodes. Ganglions. Herpes. Intertrigo. Scirrhous indurations. Ingrowing toenails. Suppurations. Scarlatina. Scrofulosis. Scald-head. Scrofulous, mercurial, scorbutic, cancerous, fistulous, phagedenic, fungoid, and malignant ulcers. Varicella. Warts.

Objective. Boils on the calves of the legs, thighs, arms, nape of the neck, and chin. Rose-colored blotches. Hard bullæ on the lower arm, on a red base, of the size of a pea. Hands and arms chapped. Small crack in the index finger, which becomes inflamed, and on the sore spot a blister is formed. Caries. Carbuncles, during the ulceration. *Silex* clears wounds and sores of decayed masses, and promotes healthy granulations. Scabious eruption on the tips of the fingers. Eruption all over, like varicella. Felons; deepseated inflammation, the bone is affected; and there is proud flesh. Ganglion on the back of the hand, between the third and fourth metatarsal bones. Herpes on the chin. Pimples at the mons veneris, and on the

nape of the neck. Pustules on the forehead, occiput, and vertebral column, forming ulcers. Rash on the sternum. The skin is unhealthy and ulcerates easily. Humid spots on the scrotum. Scurfy, elevated spot above the fold near the os coccygis. Red spots on the glans penis and right tibia. Scarlatina. Suppuration of the glands. Putrid ulcers, with proud flesh and corroding sanies. Purulent ulcer on the back. Ulcers on the lips, backs of hands, thighs, and ankles. Purulent vesicles on the fingers. Affections following vaccination. Warts on the arms and hands. Old scars open and become painful. Ulceration of the great toe.

Subjective. Boring-shooting. Burning-stinging. Itching and burning. Itching and biting, after lying down, not relieved by scratching. A kind of crawling, shooting pain. Smarting. Stinging-aching in a spot where an ulcer was. Stitches in corns jerking the feet. The skin is very sensitive.

Aggravation. At night. When the weather changes. In the open air. From uncovering. From getting cold or wet, especially after having cold feet. While lying on the painful side. After drinking, especially wine. From pressure from without. With children.

Accompaniments. Fever worse at night. Sleep disturbed by earache. Child wakes and throws its arms about and screams; puts its hands behind the ears; otitis interna; likes to be covered and wrapped up warmly. Children with large bellies, weak ankles, and much sweat about the heat.

Amelioration. From warmth, wrapping up, and in the warm room.

Solanum Mammosum.

Objective. Vesicular erysipelas. Herpes.

Spigelia.

Objective. Wart-shaped excrescences on the second toe,

leaving a white cicatrix. Large pimples on the neck. Hard, reddish pimples on a spot on the palm of the left hand. Pimples on the middle finger of the right hand, which discharge yellow pus when pressed. Small black pimples on the upper lip. Skin pale and wrinkled.

Subjective. Burning and itching followed by an eruption. Itching. Pain as if excoriated. Painful sensitiveness.

Aggravation. In the afternoon. After washing. From contact. After exposure to cold.

Spongia.

Objective. Adenitis. Large blisters on the right lower arm. Red blotches. Goitre (also, *Iodine*). Herpes. Large pimples below the chin. Spot of the size of a silver dollar between the scapulæ, densely covered with pimples. Red spots on the skin. Red, hot spot covered with miliary vesicles.

Subjective. Burning. Stinging-itching after scratching. Creeping in a small spot. Itching. Gnawing-itching in a small spot, as though a flea were walking on it. Itching in other parts while scratching a particular spot. Itching-shooting. Continuous itching stitch, as if from a fine needle. Painful stitching. Titillating.

Aggravation. From the use of tobacco, especially smoking. In the warm room.

Squilla (Scilla) Maritima.

Objective. Eruption like pustulous scabies. Cold gangrene. Intertrigo in the bends of the joints. Pimples on the neck. Red pimples on the back, the tips filled with pus; the next day the pimples are covered with a crust. Small red spots all over, but especially on the hands, chest, and feet. Scirrhous tumors. Vesicles on the hands.

Subjective. Burning-itching, especially after scratching. Stinging-itching.

Aggravation. In the morning. From exercise. From uncovering.

Amelioration. While wrapped up and lying in bed.

Stannum.

Objective. Blotch on the left side of the anus. Chilblains on the hands. Flaws in the nails. Pimples on the face. Round red spot on the front of the neck, with a white pimple in the centre. Small red spots on the backs of the hands. Round yellow spots on the legs. Vesicles at the orifice of the urethra.

Subjective. Itching, burning, pricking. Gnawing-itching while undressing. Itching-shooting.

Aggravation. At rest, and from motion?

Staphysagria.

Nosological. Adenitis. Boils. Cancerous affections. Caries. Eczema. Herpes. Lichen. Scald-head. Scurvy. Scabies. Scrofulosis. Ulcers. Sycosis.

Objective. Blotches all around the anus. Herpetic eruptions. Chronic miliary eruptions on the chest. Scabious eruptions. Eczema; yellow acrid moisture oozes from under the crusts; upon the surface denuded of these, new vesicles at once form and soon burst, forming a crust as before. Dry crusty herpes in the bends of the joints. Herpes on the hands, thighs, and legs. Inflammations. Glandular indurations. Lichen on the face and behind the ears, dry, pimply eruption, and rough skin. Oozing nodosities. Red and white pimples on both thighs and legs, whose tips contain pus. Pimples on the leg and nape of the neck. Small red pimples, close together, on the lower ribs. Rash on the chest becoming red. Chronic miliary rash. Skin unhealthy and easily suppurates. Red swelling on the forearm, with a pustule in the centre. Sycosis; white humid excrescences behind the corona glandis, and upon it. Scald-head; yellow, moist, offensive

scales. Ulcers covered with a thin crust, and discharging yellow water. Vesicles on the inner surface of the right tibia. Wounds from sharp instruments (for such injuries *Staph.* is second only to *Calend.*).

Subjective. Burning when scratched. Wandering creeping-crawling. Darting and jerking. Itching-burning. Itching-burning-stinging, as from nettles. Smarting-itching. Itching, sharp stitches. Lancinating. Deeply penetrating sharp stitches. Scratching in one place relieves the itching, which appears in another. Smarting. Tearing-shooting. Tingling as if from insects. Ulcerative pain when touched.

Aggravation. In the morning and evening. After sexual excesses and masturbation. From loss of animal fluids. After rubbing and contact. After fasting. After tobacco and Mercury. When warm. After cuts.

Accompaniments. Chilly creeping in affected parts. Chilliness in the epigastrium. Nocturnal convulsions.

Stillingia Sylvatica.

Objective. Elephantiasis. Vesicular eruption on the ear. Pustular eruption on the arm. Chronic eruptions. Lepra. Scrofulosis. Syphilis. Ulcers.

Subjective. Itching.

Aggravation. Upon exposure to cold.

Stramonium.

Objective. Blisters. Large boils, boils on the feet. Erysipelas of one side of the face. Eruptions, with swelling and inflammation. Felons, when the pain is unbearable, driving the patient to despair; *Stram.* hastens benign suppuration. Measles. Inflamed pustules on the right leg emitting an acrid water. Red rash on the chest and back, pale in the morning, redder and more frequent in the afternoon; scaling off after some days. Skin on the left

knee is copper-colored. Small swelling on the tibia, with a red point. Malignant scarlatina.

Subjective. Creeping. Itching. Tingling.

Aggravation. Early in the morning after waking. In the afternoon. After sleep. From contact. During perspiration. After moving.

Accompaniments. Delirium; visions of rats and mice, etc., at which the patient starts and tries to hide. Difficult deglutition, as from spasm of the œsophagus.

Strontiana Carbonica.

Objective. Pimples in different parts.

Subjective. Burning-itching. Tension of the skin.

Aggravation. In the evening and at night. From cold and cold air. From uncovering. From washing.

Sulphur.

Nosological. Adenitis. Acne punctata. Boils. Chilblains. Corns. Crusta lactea et serpiginosa. Caries. Dandruff. Eczema. Ichthyosis. Erysipelas. Erythema. Ecthyma. Felons. Herpes. Intertrigo. Freckles. Glandular indurations. Lichen. Measles. Nettlerash. Moles. Porrigo favosa. Pemphigus. Psoriasis and pityriasis palmarum or plantaris. Prurigo. Rhagades. Scurvy. Scarlatina. Small-pox. Tinea, humid and dry. Ulcers. Varicella. Varicose veins. Warts.

Objective. Blotches on the neck, as if from the heat. Blotches all over, especially on the hands and feet. Profuse bleeding from ulcers; bleeding after itching. Red blotches on the face. Crusta serpiginosa on the face, worse on the cheeks and around the eyes; hands and arms cold, bluish, and swollen. Chapped skin, especially hands. Chilblains, with redness, swelling, and suppuration; thick red chilblains on the fingers. Inflamed corns. Dry, scaly eruption. Fiery scarlet eruption all over. Scurfy eruption, consisting of small vesicles with red areola. Eczema

around the margin of the hairy scalp from ear to ear posteriorly. Eczema under the toes. Eczema of the extremities, marginatum, and impetiginoides. Eczema, with crusts, pimples, and an easily bleeding surface; genitals, legs, and bends of the extremities specially affected. Erythema nodosum et papulatum. Erysipelas in very herpetic subjects; phlegmonous erysipelas, especially of the leg and foot. Papulous eruptions. Felons, when *Apis* seems indicated and proves insufficient. Red spotted herpes, with vesicles; humid herpes. Herpes miliaris, phlyctænoides, circinatus et squamosus. Crustaceous herpes. Herpes on the nape of the neck and ankles. Moist herpes, with small white vesicles in groups, forming scabs over the whole face, but chiefly above the nose and around the eyes. Reappearance of repelled herpes. Greenish-yellow herpes. Intertrigo of infants between thighs and behind ears. Nodosities on the fingers. Flaws in the nails. Nettle-rash, chronic cases, after *Pulsat.* White pimples between the toes. Pimples on the inner part of the thighs. Pimples all around the pudendum. Red pimples on the nose, chin, forearms and arms. Prepuce fissured and hangs far over the glans penis. Porrigo favosa; pustules on the head, forming thick, yellow, adherent crusts. Psoriasis inveterata; dry, scaly eruption on the dorsum of both hands. Pimples on the face. Bluish spots on the legs. Skin rough and scaly. Scald-head; the eruption spreads all over the body. Suppurations. Hard, hot swelling on the left upper arm. Swelling and suppuration of the glands. Thick yellow-gray scurfs. Small-pox, suppurative stage. Red spots on the arms after washing them with soap. Hepatic spots on the back and chest; yellow and brown spots. Scarlatina, rapidly growing red all over; eruption at first bright, soon growing purple, and very hot. Purulent tumors on the buttocks. Fistulous ulcers, with elevated edges surrounded by pimples, red or blue areola; bleed easily and profusely, with sanious,

thick, fetid, yellow pus and proud flesh. Vesicles on the pudendum. Suppurating vesicles in the bend of the elbow. Vesicular eruption on the back of the hands. Ulcerated vesicles on the soles of the feet. Varicella, the pocks don't heal and ulcerate. Varïcose veins on the legs. Horny warts.

Subjective. Burning after scratching. Formication. Itching. Burning-itching. Itching-stinging. Pricking after getting warm in bed. Stinging and tearing. Stinging-itching. Smarting after scratching. Stitches and feeling as though pressed by the shoe, in corns. Voluptuous tingling-itching, with burning and soreness after scratching.

Aggravation. In the evening. After midnight. Periodically. Before menstruation, and from suppressed menstruation. From wet poultices and washing. After sleep. From exertion. During sweat, and from suppressed perspiration. From contact. On getting warm in bed. After the use of milk and Mercury.

Accompaniments. Fever, burning heat of the skin. Arthritic rheumatism. Catarrh during and chronic cough after measles. Chronic acrid diarrhœa, with and after measles and scarlatina. Hardness of hearing, and chronic discharge from the ears after measles. Vomiting. Sopor and tendency to metastasis to the brain. Burning heat in the soles of the feet, the patient puts them out of bed to keep them cool. Children very sensitive and averse to cold water. Sleep broken and in short naps at night.

Sulphuric Acid.

Objective. Boils. Bedsores. Bruises, contusions, injuries by falling, knocking, etc. Chilblains. Corns. Excoriation, with ulceration like gangrene; very easy excoriation while walking or riding on horseback. Small dark-red elevations on the back of the hand, covered with scabs, beneath which are pus. Erythema nodosum. Pur-

purea. Scabies, single pustules appear each spring. Bluish spots on the forearm, as if ecchymosed. Red spots on the tibia, with blotches in the centre, swelling after scratching. Suppurating sore as if mortified. Warts. Ulcers.

Subjective. Burning-itching. Corrosive sensation in an ulcer. Itching. Gnawing. Tearing and shooting.

Aggravation. In the forenoon. In the evening. In the open air. After violent bleeding. After drinking coffee.

Sumbul.

Objective. Acne punctata, black pores on the face. Porrigo, in infants, on the left side of the scalp; spots round and dry, slightly raised, and reddened at the edges, with branlike scales in the centre. Skin cold, white, shrunken, and dry as if washed in acrid water. Miliary spots on the back, right shoulder-blade and hip. Reddish spots on the forehead, chin, and cheeks, containing either water, or thick, white, curdy matter.

Subjective. Itching.

Syphilinum.*

Objective. Adenitis, leaving almond-shaped kernels (of varying sizes), abundant about the neck. Eruption all over the body, not elevated, but can be felt by the hand on the skin. Eruptions discharging pus. Eruptions of pustules discharging an ichor, and leaving pockmarks of a lardaceous coppery hue when healed. Eruption resembling small-pox. Eruption covering the eyes and making the patient blind. Eruption discharging pus. Herpes in the mouth and fauces. Rawness between the toes. Swelling of the glands. Dull, reddish, copper-colored spots all over. The skin is bluish. Sore one and a half inches in diameter on the middle of the occipital bone, covered with

* For this pathogenesis we are indebted to Samuel Swan, M.D., of New York City.

a thick, yellow-white scab. Soreness of the left side of the nose, inside and out scabbed over. Sores on the lips and chin, especially on the left side, scabbing over.

Subjective. Burning in chancre. Whole body extremely cold. Terrible itching, but extreme sensitiveness which prevents scratching. Pain in the right groin, followed by glandular swellings. Pricking, as though punctured with pins, in chancre.

Aggravations. From 2, 3, or 4 P.M. until daybreak. From the warmth of the bed.

Accompaniments. Gradual rigidity of all joints after the eruption; flexors seem contracted. Peculiar disagreeable odor from the body. Headache and great debility. Night-sweats between the shoulders and down to the waist. Breath fetid. Tongue red and thick; two deep cracks running lengthwise in it; one each side of the median line. Suffusion and *full* feeling in the face, throat and head, with innumerable small enlarged cervical glands.

Tabacum.

Objective. Red eruption on the back. Pimples on the chest and fingers. Pustules on the nape of the neck and upper limbs. Miliary rash on both cheeks. Red spots on the face and right shoulder. Increased turgescence of the skin, which is yellow, hot, and dry. Vesicles containing a yellow serum, and surrounded by a red areola.

Subjective. Burning when touched. Itching as from flea-bites.

Aggravation. At night, and on the left side.

Accompaniment. Slight perspiration.

(Leontodon) Taraxacum.

Objective. Nettlerash. Pimples on the cheeks, wings of the nose, corners of the mouth, and hands. Vesicles on the dorsum of the right foot.

Subjective. Itching. Stinging itching.

Aggravation. While resting. From fat food.
Amelioration. From moving and walking.

Tartarus Emeticus.

Nosological. Boils. Ecthyma. Erysipelas. Scabies. Small-pox. Ulcers. Varicella.

Objective. Miliary eruption on the nape of the neck and on the arms. Furunculo pustulous eruptions. Pimples on the arms and wrists. Pustular eruptions all over. Pustules on the genitals. Pustules seem filled with shot. Small red pustules. Large, round, full pustules, with red areola. Pustules drying up and leaving deeply penetrating malignant ulcers (in small-pox and varicella). Pale, livid, depressed, black pustules, containing a bloody or black fluid. Suppurating rash on the occiput, chest, and arms. Rash all over, with heat of the skin. Scabies; itchlike eruption, especially on the wrist and upper arm. Small red spots on the hands, like flea-bites. Dark-yellow spots on the fingers. Skin pale, cold, and clammy, especially about the head and extremities. Erysipelatous swellings. Erysipelatous ulcers. Gangrenous ulcers. Round and inveterate ulcers. Vesicles and blotches filled with *pus* like varicella or variola.

Subjective. Itching. Skin insensible.

Aggravation. In the evening. From warmth.

Accompaniments. Headache. Violent fever. Thirst. Profuse sweats. Dyspnœa.

Taxus Baccata.

Objective. Phlegmonous erysipelas. Miliary eruption on the left forearm. Eruptions with symptoms of gangrene. Dry herpes in the external angle of the left eye, red at the base. Petechiæ. Hard, round, red pimples on the back of the right forearm about the wrist. Broad flat pimples on both arms. Large, slightly elevated pimples (like red spots) on both forearms. Red-brown spot

on the nose, with a pimple in its centre, speedily scaling off.

Subjective. Burning itching. Tickling.

Aggravation. In the evening. At night.

Accompaniment. Profuse sweat.

Tellurium.

Objective. Herpes circinatus ("ring-worm") all over; red elevated rings, distinctly marked, especially on the lower extremities. Psoriasis. Sweat in spots, causing itching of the same.

Terebinthina.

Objective. Sudden, erythematous, papulous, and vesicular eruptions. Scarlet exanthem on the affected knee, spreading over the whole body. Herpes. Inflammation and redness of the skin, with large blisters on hands and feet, and finally on the thighs.

Subjective. Itching. Soreness of the skin.

Teucrium Marum Verum.

Objective. Ingrowing and ulcerated toe-nails. Psoriasis on the back of the index finger of the right hand; the skin is hard and hypertrophied, and covered with thick whitish scales.

Theridion Curassavicum.

Objective. Nodosities on various parts, especially the buttocks. Scrofulosis.

Subjective. Violent itching.

Thuja Occidentalis.

Nosological. Acne punctata. Adenitis. Boils. Corns. Chilblains. Condylomata. Erysipelas. Eczema. Herpes and herpes zona. Ichthyosis. Pemphigus. Small-pox. Scabies. Varicella. Ulcers. Warts.

Objective. Red blotches at the anus like fig-warts. Boil

near the small of the back, with large red borders. White blotches on the calves of the legs. Erysipelas of the finger. Eczema on the genitals. Red excrescences on the inner surface of the prepuce, like fig-warts; smooth red excrescences behind the glans penis under the prepuce. Herpes on the elbow. White, scaly, dry, mealy herpes. Red nodosities on the temples. White nodosities on the toes. Nails, crippled, discolored, and crumbling. Pimples on the lips and chin; on the right buttock; on thighs and knees. Small red pimples on the neck close together. Humid pimples on the scrotum. Pimples on the knee like varicella; also the same with the tips full of pus, and surrounded by a red areola, especially also on the thighs, elbows, and forearms. Small-pox on the inner surface of the prepuce, humid and suppurating, and depressed in the centre. Purulent pimples like small-pox. Pemphigus, especially when painful. Scabious eruption on the face. Brown spot under the arms like nævi materni. Cold, painless, glandular swellings. Red spot on the dorsum of the foot. Red spot on the prepuce changing to an ulcer, with scurf. Brown or red mottled spots on the skin. Skin blue over the clavicles. Ulcers on the thighs. Flat ulcer, with blue-white bottom. Whitish ulcer on the inner surface of the labium majorum. Round, flat, unclean ulcer on the corona glandis. Small flat vesicle on the glans penis. Bad effects from vaccination. Warts on the hands. Wartlike easily bleeding growth on the right labium, after a fall.

Subjective. Burning. Creeping sensation. Itching. Itching changed to burning and soreness by rubbing. Lancinating and burning (in corns). Stinging burning when rubbed. Stinging and burning while urinating (in condylomata).

Aggravation. In the afternoon at 3 P.M. In the night, especially after midnight, at 3 A M. During menstruation. From cold and uncovering. From washing, wet, and wet

poultices. After overheating and in the heat of the bed. After eating fat meat, onions, acids, and sweets. After drinking beer, wine, and tea. After using and abusing Tobacco, Sulphur, and Mercury. In the open air. On the left side.

Amelioration. From drawing up the limb.

Triosteum Perfoliatum.

Objective. Nettlerash, vesicular eruption on the forehead over the left eye, on the middle of the chest, and on the right arm.

Subjective. Violent itching.

Accompaniment. Gastric derangement.

Urtica Urens.

Objective. Fever blisters on the lips. Red raised blotches ("hives") on the hands and fingers. Burns; most indicated when the injuries are confined to the skin; the parts are swollen and œdematous, and covered with small, confluent, transparent vesicles filled with serum. Erythema. Vesicular (facial) erysipelas; lips, nose, and ears swollen; eyelids closed and œdematous, then small transparent vesicles filled with serum appear, and finally there is desquamation. Goitre? Nettlerash attending or preceding rheumatism. Uticaria nodosa on the hands and fingers.

Subjective. Violent itching. Burning itching as if the skin were scorched. Stinging itching.

Aggravations. Every year at the same time. In lying-in women. Alternately with rheumatic pains.

Accompaniments. Rheumatism attending, following or alternating with nettlerash. Complaints after the retrocession of urticaria and other eruptions.

Valeriana Officinalis.

Objective. White blisters on the cheek. Eruption first

red and confluent, then small, white, hard, elevated pimples on the arm and chest.

Aggravation. While resting.

Amelioration. While moving and walking.

Variolinum or Variolin.

Objective. Small-pox. Is almost specific. We have had prime results from the 200th and 1000th potencies, in which Drs. Swan, Blake, and others concur with us. Von Kaczkowski uses the 3d and 6th. Raue says: "*Variolinum* makes the progress of the disease much milder; removes quickly all dangerous symptoms; changes imperfect pustules into regular ones, which soon afterwards dry up; promotes suppuration on the third day, exsiccation on the fifth, sixth, ninth days, and prevents all scars. This is the unanimous testimony of ten physicians who have used it in different epidemics." *Special Pathol.*, p. 605.

Veratrum Album.

Nosological. Corns. Herpes. Measles. Nettlerash. Scarlatina. Scrofulosis. Varicella. Scabies.

Objective. Red blotches on the backs of the fingers between second and third joints. Corns, especially on the left foot. Desquamation. Eruption like varicella. Miliary eruptions. Copper-red eruption around mouth and chin. Dry herpes on the hands. Measles; tardy eruption; burning heat, alternating with cold extremities. Pimples on the right labium just before menstruation. Pimples in clusters here and there. Pustular eruption about the mouth like crusta lactea. Redness and rash-like pimples, which can be easily felt on the chest and neck after rubbing the parts. Rash, with blotches after scratching. Thick rash on the face. Scabies; itchlike eruption. Skin bluish-whitish and shrivelled. Scarlatina; tardy eruption; burning heat alternating with cold extremities.

Subjective. Burning after scratching. Heat and tingling all over. Itching and corrosive itching. Sore pain. Severe stitch (in corns while sitting).

Aggravation. In the morning. After midnight. During hot summers. Before menstruation. In the heat. While sweating. After drinking. After scratching.

Accompaniments. Delirium. Drowsiness. Apathy. Restlessness. Frequent, weak, intermitting pulse. Hæmorrhages without relief.

Veratrum Viride.

Objective. Erythema and vesication of the skin. Eruptions with very high fever. Phlegmonous and vesicular erysipelas. Measles, scarlatina and small-pox, in the inflammatory stage. Face cold, pale, and blue; nose pinched and blue, etc. *Skin* cold and moist, or *hot* and *burning.*

Subjective. Pricking and tingling.

Verbena Hastata.

Objective. Bruises: (Verbena) promotes the absorption of effused blood, and allays the attendant pain. Rhus poisoning.*

Vinca Minor.

Objective. Humid, bad-smelling eruption on the head, with much vermin; the same on the face and behind the ears. Hair entangled as in plica polonica. Pimples on the face, which is bloated. Scabs on the scalp and face.

Subjective. Burning after scratching. Corrosive itching.

Aggravation. At night.

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* We have found speedy and complete cures to result from the use of Rhus tox.^{m} (in a large number of cases), even when vesication and ulceration had set in. But if typhoidal symptoms supervene, other remedies will be necessary.

Viola Tricolor.

Objective. Crusta lactea ; scabs on the face and running of a yellow viscid pus. Impetigo figurata ; pustular eruption on the upper lip and chin ; a thick, yellow, friable, semi-transparent crust covers the parts. Rash all over. Skin of the face thick and hard. Dry scabs all over, discharging yellow water.

Subjective. Burning and itching. Burning stitches (in the scalp). Lancinating gnawing. Stinging biting. Corrosive stinging. Tension in the skin.

Aggravation. At night.

Vipera Redi.

Objective. Boils. Gangrenous blisters around the wound. Erysipelas. Reddish-black lentil-sized spots all over. Yellow spots on the red swollen limb. Gangrenous ulcers on the bitten parts, with swelling and lameness.

Vipera Torva.

Objective. Black blisters, with suppuration. Blisters, with red areola. Black crust on the wound. Erysipelas, with vomiting. Erysipelas on the inner surface of the arm and on the side. Gangrenous swelling. Shining swelling, with deeply penetrating suppuration, and covered with blue blisters. Large ulcers penetrating to the bone on the leg.

Zincum Metallicum.

Objective. Small boils on the arms. Blotch on the little toe. Chilblains on the hand, with much swelling. Eruption and redness on the chin. Erysipelas of the foot (tendo Achillis). Ganglia. Herpes on the back and hands. Neuralgia following herpes zoster. Small pimples on both shoulders, like boils. Small red pimples on

the scrotum, each formed around a hair. Red pimples on the chest and face. Rash in the bends of the knees and elbows. Rhagades and chapped hands, especially the left. Spots and little scabs on the back. Small, red, round spots on the hands and fingers. Red spots on the legs, with scurf. Rough herpetic spots on the hands. Scarlatina. Herpetic ulcers. Varices of the legs.

Subjective. Burning. Formication and tingling between the skin and the flesh. Itching. Violent lancinations. Great sensitiveness to cold. Stinging.

Aggravation. In the evening. After the use and abuse of wine, Chamomile, and Nux vomica.

Accompaniments. Threatening paralysis of the brain; complete unconsciousness. Grating of the teeth. Jerking of the whole body, or twitching of single muscles or limbs. Shrill screams, with altered voice; can't speak any more. Breath short and quick, but no rattling. Occiput hot, forehead cold and covered with a cold sweat. Limbs icy cold, and whole body cool and bluish-red all over. Pulse threadlike. Involuntary discharges from the bladder and rectum.

Zincum Oxydatum.

Objective. Boil above the genitals, first red and then blue, with hard areola and yellow dirty pus, leaving for some time a hard red areola.

APPENDIX.

Elaps Corallinus.

Objective. Boils on the arm. Dark complexion. Desquamation from the tips of the fingers, soles of feet and heels. Crusty eruption on the ears and cheeks. Pimples on the legs. Pimples full of serum. Suppurating pim-

ples on the hands, fingers, and wrists. Red pimples on the finger tips. Miliary pimples on a red base at the corner of the nose. White pimples on the inside of the thighs, inflamed during the day. Phlyctænæ, especially on the extremities. Redness and rawness under the nails. Swelling and blue-red spots on the right arm and leg. Red spot on the knee-pan. Yellow spots on the hands and fingers. Furfuraceous tetters on the scalp. Red tetter from the corner of the right nostril to the cheek. Tetter in the axillæ. Vesicular eruption on the feet.

Subjective. Sensation as of excoriation. Itching. Pricking soreness.

Hura Brasiliensis.

Objective. Large blotches on the legs and right shoulder. Miliary eruption on the face and in the joints. Vesicular eruption all over, with red spots. Red and pale mottled face. Pimples all over; small, containing a fluid, on the right knee; large, formed around the roots of hairs on the legs; on the right cheek; red, on the shoulders and hips, leaving red spots behind, in the bend of the left elbow; on the forehead; small red, with white point in the centre, on the left cheek. Large red spots on the left cheek, forearm, and back of hand. Small red round spot on the tibia, with a red pimple in the centre.

Subjective. Itching and burning. Sensation as if the skin of the face were stretched too much.

Hydrocotyle Asiatica.*

Objective. Arabiæ elephantiasis. Small red dots on the eyelids and hands. Small red dots on the neck covered with whitish scales. Erythema of the face. Erythema and rash on the face, chest, back, arms, and thighs. Pustular eruption on the face. Erysipelatous redness.

* This pathogenesis was communicated to us by Dr. Swan, of New York City.

Vesicular eruption on the abdomen. Lupus exedens: abundant discharge of pus from varicose ulcers and old wounds, and in lupus. Nails misshapen and flattened out. Leprosy. Purple papulæ thickly set. Pemphigus. Small pustules on the chest. Pustules like small-pox. Redness of the vulva. The skin becomes softer and thinner and smoother, the epidermis peeling off in scales or crusts. The skin of the back becomes thickened. Leprous spots become brawny. Leprous spots, with white points on them. Yellow spots on the legs. Bright ear-shaped spot on the sole of the right foot, which easily indents. Disk-like spots, with very friable scaly borders. Tubercles on the hands and fingers. Suppurating ulcers on the nates and below the ankle.

Subjective. Universal heat, and sometimes insupportable itching. Very severe itching. Heat and shootings.

Accompaniments. Swelling of the glands and cellular tissue of the left groin, and around the left ankle. Profuse perspiration.

Kali Brom.

Objective. Acne on the face, neck, and shoulders. Crops of small boils on the face and trunk. Echthymatous eruptions. Erythematous swellings, especially of the nose. Moist eruptions. Syphilitic psoriasis. Papular rash on the face. Skin blue, cold, spotted, corrugated.

Subjective. Heat and itching.

REPERTORY.

NOSOLOGICAL.

Abscesses. Acon. Anath. muric. *Ars. Asaf. Bell. Bry.* Cham. Crotal. horr. Hep. Hyosc. *Led. Lappa maj. Merc. sol. Mez.* Nitr. ac. *Phos.* Phytol. dec. *Puls.* Rhus rad. Rhus tox. Sil. *Sulph.*

Acne Disseminata. Ars. *Bell.* Calc. c. *Carbo veg. Hepar.* Lach. Led. Natr. mur. Nitr. ac. *Nux v.* Nux jug. Phos. ac. Puls. Sab. Selen. *Sulph.*

Acne Punctata. *Bell. Bry.* Carbo veg. Dig. Dros. Eugen. Graph. Grat. *Hepar.* Lachnan. *Nat. mur. Nitr. ac.* Nux jug. Sabad. Sabin. Selen. Sep. *Sulph.* Sumb. Thuj.

Acne Rosacea. *Ars.* Aur. mur. *Calc. c.* Calc. phos. Cann. sat. Canth. *Carbo an. Carbo veg.* Carbol. ac. Caust. Cicut. Guar. trich. Kali brom. Kreas. Lach. Led. *Mez. Rhus tox. Ruta.* Sep. Verat. alb.

Adenitis. *Acon.* Alum. *Anath. muric. Asaf. Aur. sol.* Badiag. *Bar. carb. Bar. mur.* Bell. Bov. *Calc. carb.* Canth. Carbo an. Carbo veg. Cham. Cist. Coccul. *Con.* Dulc. Gran. Graph. Guar. trichl. Hep. Iod. Kali carb. Lappa maj. *Lyc.* Mang. c. Merc. protiod. *Merc. sol. Nitri. ac.* Nux jug. Oleum jec. Plumb. met. Sabin. Sil. Spong. Staph. *Sulph.* Syphil.

Bedsores. Arn. *Carbo veg. Chin.* Fluor ac. Plumb. met. Puls. *Sulph. ac.*

Boils. Acon. Æth. Agar. *Alum.* Amm. carb.

Amm. mur. Anacard. Anath. muric. *Ant. crud. Apis.* Arg. met. *Arn. Ars.* Aur. mur. *Badiag.* Bar. carb. Bell. *Bellis peren.* Brom. Bry. Calc. c. Carbo an. Carbo veg. *Chin.* Coccul. Coloc. Cupr. ars. Elaps cor. Euphorb. Graph. Gratiol. Ham. *Hepar.* Hyosc. Ign. Indig. *Iod.* Kali brom. Kali hyd. Kali nit. Kreas. Lach. *Lappa maj.* Lauro. Led. *Lyc.* Magn. arc. Magn. carb. Magn. mur. Merc. corr. *Merc. sol.* Mez. Mur. ac. Nat. carb. *Nat. mur.* Nitr. *Nitr. ac.* Nux jug. Nux mos. Nux v. Petrol. *Phos.* Phos. ac. *Phytol.* Puls. Ratanh. Rhus rad. Rhus vene. Rhus tox. Sabin. Sec. Sep. *Sil.* Spong. Staph. Stram. *Sulph.* Sulph. ac. Tart. em. Thuj. Vip. r. Zinc met. Zinc. oxy.

Burns. *Acon.* Agar. Alum. Ant. crud. *Arn. Ars.* Calc. c. Carbo veg. Carbur. Sulph. *Caust.* Cosmol. Euphorb. *Lach.* Magn. carb. Plumb. acet. Rhus tox. Ruta. Sapo domes. Sec. Semperv. tec. Stram. *Urtica.*

Cancer. *Ambr.* Ant. crud. Apis. *Ars.* Ars. iod. Asterias r. Aur. Badiag. Bar. c. *Bell.* Brom. *Calc. c. Carbo an. Carbo veg.* Carbol. ac. Caust. Cham. Chel. Chin. *Clem. Con. Cundur.* Galium. Graph. Guaco. *Hepar. Hydrast.* Kreas. *Lach.* Lyc. *Merc. sol.* Natr. mur. Nitr. ac. Nux v. *Phos.* Phytol. Rhus tox. Rumex. *Sep. Sil. Squill.* Staph. *Sulph.* Thuj. Zinc. met.

Carbuncle. Anthrac. *Apis. Ars.* Bell. *Bry.* Bufo. Canth. Carbo veg. Carbol. ac. Chin. Coloc. Electr. Kreas. *Lach.* Nitr. ac. Puls. Rhus tox. Sang. Sec. Sep. *Sil. Sulph.*

Chilblains. *Agar.* Ambr. *Ant. crud. Arn. Ars.* Badiag. *Bell. Bry. Carbo an. Carbo veg.* Cham. Chin. *Crocus. Cycl.* Granat. *Hepar. Hyosc.* Ign. *Kali carb.* Lach. *Lyc. Magn. aus.* Nitr. ac. Nux mos. *Nux v.* Opium. *Petrol. Phos. Phos. ac. Puls. Rhus tox.* Stann. *Sulph. Sulph. ac.* Thuj. Zinc. met.

Condylomata. Anath. muric. Arg. nit. Ars. *Aur. mur.* Bell. Calc. carb. Cinnab. *Euphras. Lyc. Merc. corr. Merc. sol.* Magn. aus. Millef. *Nitr. ac.* Nux v. *Phos. ac.* Sabin. Sarsap. Staph. Sulph. Thuj.

Corns. Ambr. Agar. Alum. *Amm. c. Ant. crud. Arn. Bar. c.* Borax. *Bov.* Bry. *Calc. c.* Camph. *Carbo an.* Carbo veg. Caust. Coccul. Coloc. Con. *Granat.* Graph. Hep. *Ign.* Iod. Kali c. Lach. *Lyc. Magn. arc.* Magn. aus. Magnes. mur. Mephit. Natr. c. *Natr. mur. Nitr. ac. Nux v. Petrol. Phos. Phos. ac.* Puls. Ranun. bulb. Ranun. scel. *Rhodo.* Rhus tox. Ruta. Semperv. tec. *Sep. Sil.* Spig. Staph. *Sulph.* Sulph. ac. *Thuj.* Verat. alb.

Crusta Lactea. *Ars.* Bar. c. Bell. Calc. c. Carbo veg. *Cicuta.* Dulc. Graph. *Hep. Iris vers.* Iod. Lappa maj. Lyc. *Merc. sol.* Mez. Natr. mur. Phos. Phos ac. *Rhus tox.* Sarsap. Sep. Sil. Sulph. Sulph. ac. Verat. alb. *Viola tric.*

Crusta Serpiginosa. *Ars.* Bar. c. Calc. c. *Cicuta. Graph.* Hep. Lyc. Merc. sol. Rhus tox. Sarsap. *Sulph.*

Ecthyma. Ant. crud. Arg. nit. *Ars.* Borax. Cham. Kali bich. Kali brom. Lyc. *Merc. sol.* Nitr. ac. *Rhus tox.* Sil. Staph. *Sulph.* Tart. em.

Erysipelas in general. *Acon.* Anath. muric. Anthrak. *Ant. crud.* Apis. Arg. nit. *Arn. Ars.* Bar. c. Bell. *Borax. Bry.* Bufo. Calc. acet. Calc. c. *Camph. Canth. Carbo an. Carbo veg.* Caust. Cham. Chin. Chin. sulf. Chloral. Clem. Commoc. dent. *Crotal hor.* Crot. tig. Cundur. *Dulc. Euphor. Gelsem. Graph.* Gymnocl. *Hep. Hydras.* Hydrocotyle. Hyosc. Iod. Ipec. Kali c. *Lach.* Lappa maj. *Lyc.* Magn. c. Mang. Meph. Merc. sol. Mur. ac. Natr. c. Natr. mur. *Nitr. ac. Petrol. Phos.* Phos. ac. Plant. Plumb. met. Polygon. punct. Puls. Ranun. bulb. Rhus rad. Rhus tox. Rhus vene. Ruta. *Sabad.* Samb. Sarsap.

Semperv. tec. Sep. Sil. Spong. Stann. Staph. Stram. SULPH. Tart. em. Thuj. Urtica. Verat. virid. Vip. r. Vip. t. Zinc met.

Erysipelas erraticum. Bell. Graph. Rhus tox.

Erysipelas, Phlegmonous. Bell. Graph. Hep. Lach. Puls. Rhus tox. Sulph.

Erysipelas, Vesicular. Apis. Bell. Canth. Cist. Graph. Hep. Lach. Rhus tox. Solan. mam.

Erythema. *Acon.* Arn. *Ars.* Ars. iod. *Bell.* Calc. c. Camph. Canth. Chloral. Crotal. hor. Crot. tig. Gelsem. Gins. Graph. Hydrocotyle. Juglans cin. Kali brom. Lach. Lyc. Merc. dul. *Merc. sol.* Plant. Puls. Puls. nutt. Rhus tox. Sulph. Sulph. ac. Tereb. Urtica. Verat. virid.

Eczema. Acon. Amm. c. Amm. mur. Ant. crud. Arg. nit. *Ars.* Aur. Bell. Borax. Brom. Bry. *Calad.* Calc. c. Canth. Carbo veg. Carbol. ac. Caust. Chin. *Cicuta. Clem.* Copai. Cosmol. Crot. tig. *Cundur.* Cycl. Dig. Dulc. *Graph. Hep. Hydrast.* Iris vers. Juglans cin. Kali bich. Lach. *Lappa maj.* Led. Lyc. Merc. dul. Merc. sol. *Mez.* Nat. mur. Nitr. ac. Nux jug. Oleand. *Petrol.* Phos. Rhus rad. *Rhus tox.* Rhus vern. Sep. Sil. Staph. Sulph. *Thuj.*

Felons. Alum. Anthrac. *Apis.* Bar. c. Bellis peren. Bufo. Calc. c. *Caust. Diosc.* Graph. *Hep.* Iod. Lach. Led. Lyc. Magn. arc. *Magn. aus.* Merc. sol. Nat. mur. Nat. sulph. Paris quad. Phos. Rhus tox. Sep. SIL. *Stram.* Sulph.

Freckles. *Amm. c. Ant. crud.* Bry. *Calc. c.* Carbo veg. *Con. Dros. Dulc. Graph.* Hyosc. Iod. Kali c. Kali caust. Lach. Lauro. Lyc. *Merc. sol.* Mez. Mur. ac. Nat. c. Nat. mur. Nitr. ac. *Nux mos. Petrol. Phos.* Plumb. met. *Puls. Sep. Sil.* Stann. *Sulph.* Tart. em. Thuj. Verat. alb.

Fungus Articulosis. *Ant. crud. Ars.* Aur. Clem. Con. *Iod.* Kreas. *Lach. Petrol.* Phos. Rhus tox. Sabin. *Sil. Staph. Sulph.*

Fungus Hæmatodes. Ars. *Bell.* Calc. c. *Carbo an. Carbo veg.* Clem. Kreas. *Lach. Lyc.* Merc. sol. Nitr. ac. Nux v. Phos. *Rhus tox.* Sang.? *Sep. Sil.* Staph. Sulph. *Thuj.*

Fungus Medullaris. *Bell.* Carbo an. *Phos.* Sil. Sulph. Thuj.

Ganglia. Amm. c. Arn. Aur. mur. *Carbo veg. Phos.* Phos. ac. Plumb. met. Rhus tox. Ruta. *Sil.* Sulph. Zinc met.

Gangrene. *Acon.* Anthrac. Apis. *Ars.* Asaf. *Bell.* Camph. Caps. Carbo veg. Canth. *Chin.* Chin. sulph. Con. *Crotal. hor.* Electr. *Euphor.* Hell. Hyosc. Kali nit. *Lach.* Merc. sol. Mur. ac. Opium. Phos. Plant. Plumb. acet. Plumb. met. Ranun. acris. Ranun. flam. Ranun. repens. Rhus tox. *Sabin. Secale. Sil. Squill.* Sulph. Sulph. ac. Tart. em. Vip. r. Vip. t.

Goitre. Amm. c. Bell. Brom. *Calc. c.* Caust. Hep. *Iod.* Kali hyd. Lyc. Nat. c. Nat. mur. Spig. *Spong.* Staph. Sulph.? Thuj.?

Herpes, in general. Acon. Agnus c. Alum. Alnus r. Ambr. Amm. c. Amm. mur. Anacard. Anath. muric. Anthrak. *Ars.* Aur. Aur. mur. Badiag. Bar. c. Bar. mur. Bell. Bov. Bry. Calc. c. Caps. Carbo veg. Carburet. sulph. Caust. Chel. *Cicuta.* Cist. *Clem.* Coloc. Con. Crotal. hor. *Crot. tig.* Cupr. met. Dolich. *Dulc.* Elaps cor. Euphras. Ginseng. *Graph.* Grat. *Hep.* Hell. Hyosc. Iod. Ipec. Kali c. Kali hyd. Kreas. Lach. Led. Lycoper. escul. Lyc. Mag. c. Mag. sulph. Magn. arc. Mangan. Menisper. Merc. corr. Merc. sol. Mez. Mosch. Mur. ac. Nat. c. Nat. mur. Nicc. c. Nitr. ac. Nux jug. Nux v. Oleand. Oleum jec. Paris quad. Petrol. Phos. Phos. ac. Plumb. met. Psor. Ranun. bulb. Rhus tox. Sabad. Sarsap. Semperv. tec. Sep. Sil. Solan. mam. Spig. Stann. Staph. Sulph. Syphil. Tax. Tereb. Thuj. Verat alb. Zinc met.

Herpes Circinatus. Ars. Calc. c. Caust. Chloral. Clem. *Graph. Hep.* Magn. c. *Merc. sol. Nat. c. Nat. mur.* Semperv. tec. Sep. Sulph. Tell. Thuj. Zinc met.

Herpes Squamosus. *Acon.* Ars. Aur. Bell. Bry. Calc. c. Carbo veg. Caust. Cicuta. Clem. Con. *Dulc.* Graph. Led. Lyc. Merc. sol. Mur. ac. Nitr. ac. Nux jug. Oleand. Petrol. *Phos.* Rhus tox. Sulph. Zinc met.

Herpes Zona. Ars. Commoclad. dent. Cosmol. Graph. Merc. sol. Puls. Rhus tox. Sulph.

Ichthyosis. Ars.? Calc. c. Clem. Coloc. Graph. Hep. Lyc. Petrol. Plumb. met. Sep. Sil. Sulph. *Thuj.*

Impetigo, in general. Alum. Alnus r. Amm. c. Ant. crud. Ars. Ars. iod. Bar. c. Bell. Calc. c. Carbo veg. Carbol. ac. Caust. Cicuta. Clem. Con. Crot. tig. Dulc. Graph. Hep. Kali bich Kreas. Lach. Lyc. Merc. sol. Nat. c. Nat. mur. Nitr. ac. Oleand. Phos. Phos. ac. Rhus tox. Sarsap. Sep. Sil. Staph. Sulph. Viola tric.

Impetigo Figurata. Ars. Calc. c. Clem. Dulc. Graph. Lyc. Rhus tox. Sulph.

Impetigo Rodens. Ars. Bell. Calc. c. Cicuta. Graph. Hep. Merc. sol. Nat. mur. Nitr. ac. Rhus tox. Sep. Sil. Staph. Sulph.

Impetigo Scabida. Dulc. Lyc. Sulph.

Impetigo Sparsa. Cicuta Lach Sulph.

Intertrigo. Acon. Arn. Ars. *Borax.* Carbo veg. *Cham.* Graph. *Hep.* Hydrast. Ign. Lach. Lyc. Mangan. *Merc. sol.* Nux v. Oleand. Petrol. Phos. Phos. ac. Phytol. Puls. Rhus tox. Ruta. Sabin. *Sep. Sil.* Squill. Sulph. Sulph. ac. Syphil.

Lepra, in general. *Alum.* Amm. c. *Ars.* Ars. iod. Bar. c. Calc. c. Carbo an. Carbo veg. Carbol. ac. Caust. Coloc. Con. Cupr. acet. Cupr. met. Graph.

Hydrocotyle. Iod. Iris vers. Kali c. Lach. Lyc. Magn. mur. Merc. sol. Natr. c. Nat. mur. Nitr. ac. Petrol. Phos. Sep. Sil. Still. sylv. Sulph. Zinc met.

Lepra Alba. Alum. Ars. Phos. Sep. Sil. Sulph.

Lichen Agrius. Calc. c. Cicuta. Con. Dulc. Graph. Lyc. Nitr. ac. Mur. ac. Rhus tox. Sulph.

Lichen Simplex. Acon. Ars. Bry. Coccul. Dulc. Nux jug. Phytol. Puls. Staph. Sulph.

Lichen Strophulus. *Caust. Cicuta. Cham. Graph. Merc. sol. Rhus tox. Sulph.*

Lupus, in general. Agaric. Alum. Ant. crud. Ars. Bar. c. Bell. Calc. c. Carbol. ac. Carburet. sulph. Caust. Cicuta. Cist. Graph. Guaraco. Hep. Hydrocotyle. Kali c. Kali bich. Magn. arc. Nitr. ac. Phytol. Rhus tox. Sabin. Sep. Sil. Spong. Staph. Sulph.

Measles. *Acon.* Anath. muric. Ars. Bell. *Bry.* Calc. c. Caps. Chel. Chin. Coff. Copaiv. Cupr. acet. Cupr. met. *Dros.* Dulc. Electr. *Euphras.* Gelsem. *Iod.* Ipecac. *Kali bich.* Lach. *Merc. sol.* Nux v. *Phos.* Puls. Puls. nutt. Rhus tox. Stram. Sulph. Verat. alb. *Verat. virid.*

Miliaria (rash). Acon. Anath. muric. Amm. c. Ant. crud. Arn. Ars. Bell. Bry. Calad. Carbo veg. Caust. Cham. Chel. Clem. Cupr. met. Digit. Electr. Euphras. Ginseng. Graph. Hell. Hep. Hyosc. Ign. Ipec. Kali chl. Lach. Led. Merc. cor. Merc. sol. Mez. Nat. mur. Nitr. ac. Nux v. Phos. Phos. ac. Puls. Sarsap. Sec. Selen. Staph. Stram. Sulph. Sumb. Tabac. Tart. em. Tax. Verat. alb. Zinc met.

Moles. Calc. c. *Carbo veg.* Graph. Nitr. ac. Petrol. Phos. ac. Sil. Sulph. ac. *Thuj.*

Nævi Materni. Bell. Calc. c. *Carbo veg.* Cundur. Fluor. ac. Hep.? Lach. Lyc. Millef.? Nux v. Phos. Sil.? *Thuj.*

Nettlerash. Acon. Amm. c. Amm. mur. Anthrak. Ant. crud. Apis. Ars. Bar. c. Bell. Bry. Calc. c. Carbo an. Carbo veg. Caust. Chin. Chlor. Cicuta. Clem. Coccul. Con. Copaiv. Dulc. Graph. Hep. Hyperic. Ign. Ipec. Kali c. Kreas. Lach. Led. Lyc. Mag. c. Mag. sulph. Merc. sol. Mez. Nat. c. Nat. mur. Nitr. ac. Nux v. Petrol. Phos. Phos. ac. Psor. Puls. Puls. nutt. Rhus tox. Ruta. Sang. Sarsap. Sec. Sep. Selen. Sil. Staph. Stram. Sulph. Tar. Tart. em. Triost. Urtica. Verat. alb. Zinc met.

Pediculi. Ars. Carbol. ac. Chin. Merc. sol. Psor. Sulph.

Pemphigus. *Acon.* Ars. *Bell.* Calc. c. Canth. Caust. Chin. *Dulc.* Gum. gut. Hep. Hydrocotyle. Juglans. cin. Lach. Merc. sol. Phos. Phos. ac. Ranun. bulb. *Rhus tox.* *Sep.* Sulph. *Thuj.*

Pityriasis. Agaric. Alum. Anacard. Ars. Ars. iod. Aur. Bry. Calc. c. Carbol. ac. *Dulc.* Graph. Kreas. Lach. Led. Lyc. Mag. c. Merc. sol. Nat. mur. Oleand. Petrol. *Phos.* Phytol. Ranun. bulb. Rhus tox. *Sep.* Sil. Staph. Sulph. *Thuj.*

Plica Polonica. Bar. c. Lyc. *Vinca min.*

Porrigo. Alnus r. Iris vers. Sulph. Sumb.

Prurigo, in general. Alum. Ambr. Amm. c. Ant. crud. Ars. Bar. c. Bry. Calc. c. Carbo veg. Carbol. ac. Caust. Coccul. Con. Crot. tig. Dolich. Graph. Hep. Lyc. Merc. sol. Nat. mur. Nitr. ac. Nux v. Oleand. Opium. Phos. Puls. Rhus tox. Sep. Sil. Sulph. Thuj. Zinc met.

Prurigo Formicans. Alum. Ambr. Amm. c. Bar. c. Calc. c. *Carbo veg.* Caust. Coccul. *Con.* Graph. Lyc. Merc. sol. Nat. mur. Nitr. ac. Phos. Rhus tox. *Sep.* *Sil.* Sulph. *Thuj.*

Prurigo Mitis. *Bry.* Coccul. *Nux v.* Oleand. *Opium.* *Puls.* *Rhus tox.* Sil. *Sulph.*

Prurigo Senilis. *Ars. Merc. sol. Mez. Oleand.*

Psoriasis, in general. Alum. Ambr. Amm. c. *Ars. Ars. iod.* Aur. Bry. Calc. c. Carbol. ac. Clem. Coral r. Dulc. Iris vers. Kali brom. Led. Lyc. Mag. c. *Merc. sol.* Nitr. ac. Nuph. lutea. Petrol. Phos. Phos. ac. Phytol. Psor. Ranun. bulb. Rhus tox. Sarracen. purp. Sep. Sulph. Tell. Teucr.

Psoriasis Diffusa. Ars. Calc. c. *Cicuta.* Clem. Dulc. Graph. *Lyc.* Mur. ac. Rhus tox. *Sulph.*

Psoriasis Inveterata. Calc. c. Clem. Merc. sol. Petrol. Rhus tox. Sep. Sulph.

Purpura Hæmorrhagica. Arn. Ars. Bell. Berb. *Bry.* Chlor. Coccin. Hyosc. Iod. Kali hyd. *Lach.* Led. Nux v. *Phos.* Rhus tox. Ruta. Sec. Sil. Stram. Sulph. Sulph. ac.

Purpura Miliaris. Acon. Amm. c. Amm. mur. Arn. Bell. Coff. Dulc. Sulph. Sulph. ac.

Purpura Senilis. *Ars.* Bar. c. *Bry.* Con. Lach. Opium. Rhus tox. Sec. Sulph. ac.

Roseola or Rubeola. Acon. Bell. Bry. Copaiv. Merc. sol. Nux v. Puls.

Rupia. Alum. *Ars.* Borax. Calc. c. Caust. *Cham.* Clem. *Graph.* Hep. Kali c. Merc. sol. Nat. c. Nitr. ac. Petrol. Rhus tox. Sep. *Sil.* Staph. *Sulph.*

Scabies. Ambr. Arg. nit. Ars. Bry. Carbo veg. Carbol. ac. Caust. Clem. Coloc. Cupr. met. Dulc. Galvan. Grat. Graph. Haracl. Hepar. Hydrocotyle. Kali hyd. Lach. Lyc. Magn. arc. Merc. corr. Merc. sol. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Oleand. Phos. ac. Psor. Rhus tox. Rumex. Selen. Sep. Squill. Staph. Sulph. Sulph. ac. Tart. em. Verat. alb.

Scald Head. Alum. *Ars.* Bar. c. *Calc. c.* Carbo veg. Cicuta. Clem. Dulc. *Graph.* Hell. *Hep.* Iod. *Iris vers.* Jacea. Kali c. Kreas. *Lappa maj.* Lyc. Merc. sol. *Mez.* Oleum jec. Oleand. Petrol. *Phos.*

Phytol. Psor. *Rhus tox.* Ruta. Sep. *Sil.* Staph. Sulph. Vinca min. Viol. tric.

Scarlatina. Acon. Ailanth. Amm. c. Amm. mur. *Anath. muric.* Apis. Arn. Ars. *Arum triph.* Bell. Bar. c. Bar. mur. Bry. Calc. c Carbo veg. Carbol. ac. Caust. Cham. Chlor. *Coff.* Copaiv. Crocus. *Cupr. acet. Cupr. met.* Dulc. Euphorb. Galvan. *Gelsem.* Hep. Hippom. Hydrocy. *Hydrast. Hyosc.* Iod Ipec. Lach. Led. *Lyc. Merc. protiod. Merc. sol. Mur. ac. Nitr ac.* Nux mos. Nux v. Opium. *Phos.* Phos. ac. *Phytol.* Rhus tox. Seneg. *Sil.* Stram. *Sulph.* Tereb. Verat. alb. *Verat. virid.* Zinc met.

Scrofulosis. Alnus r. Ampel. quin. Alum. Amm. c. Ars. Asaf. Asclep. tuber. *Aur. Aur. mur. Bar. c. Badiag.* Bell. *Brom. Calc. c.* Carbo an. Carbo veg. Ceras. virg. *Cina.* Cist. Con. Cundur. Dulc. Ferr. met. *Graph.* Hep. *Iod.* Kreas. Lyc. Lach. Mag. c. *Merc. sol.* Mez. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Nux jug. Nux mos. Nux v. Oleum jec. Petrol. Phos. Phos. ac. Puls. Rhus tox. Sep. *Sil.* Staph. Still. sylv. Sulph. Therid. Verat. alb.

Small-pox. Acon. Anath. muric. Apis. Ars. Bap. Bell. Camph. Carbol. ac. Coff. Cundur. Hydrast. Hyosc. Kali bich. Merc. sol. Phos. Phos. ac. Rhus tox. *Sarracen. purp.* Sulph. Syphil. *Tart. em. Thuj.* Variol. Verat. alb.

Styes. Alum. Ambr. Caust. Con. Dig. Ferr. *Graph.* Lyc. *Merc. sol.* Magn. aus. Meny. Nat. mur. Phos. ac. *Puls.* Rhus tox. Seneg. Sep. Sil. *Staph.* Stann. Sulph.

Syphilis. Ailanth. Alnus r. Anath. muric. Apoc. andros. Arg. nit. Asclep. tuber. *Aur. Badiag.* Guaco. *Hep.* Jacarand. Kali chl. Kali brom. Lach. Menisper. *Merc. prot. Merc. sol. Nitr. ac.* Nux jug. Phytol. Still. Sylv. *Sulph. Syphil. Thuj.*

Tinea Tonsurans. *Hep.* Phytol. Sep. Sulp.

Tumors. Cystic. Bar. c. Brom. Calc. c. Caust. Graph. Hep. Nitr. ac. *Sil.* *Sulph.*

Ulcers, Cancerous. *Ambr.* Ant. crud. *Ars.* *Aur.* *Bell.* *Calc. c.* *Carbo an.* *Carbo veg.* Caust. Chel. Chin. *Clem.* *Con.* Hep. Kreas. *Lach.* *Merc. sol.* Nitr. ac. Rhus tox. *Sep.* *Sil.* *Squill.* Staph. Sulph. *Thuj.*

Ulcers in general. Acon. Ampel. quin. Amm. c. Amm. mur. Anath. muric. Angus. *Ant. crud.* *Ars.* Ars. hydrarg. *Asaf.* Asar. europ. *Aur.* Aur. mur. Balsam. Peru. Bar. c. Bar. mur. *Bell.* Borax. Bufo. Bry. *Calc. c.* Calc. phos. Canth. *Carbo veg.* Carbol. ac. Caust. Ceras. virg. *Cham.* *Chel.* Chin. *Chin. sulph.* Cicuta. Cinnab. *Cist.* Clem. Commocl. dent. Con. Coral. r. Crotal. hor. Cundur. *Cupr. met.* Dulc. Dros. Electr. *Euphorb.* Fluor. ac. Galvan. *Granat.* Graph. Guaco. Hydrocotyle. Hep. Hydrast. Hyosc. Ign. Iod. Jacarand. Jatroph. Kali bich. Kali c. Kreas. Lach. Lam. alb. *Lyc.* Mag. mur. Mangan. *Madar.* *Merc. acet.* Merc. dul. *Merc. sol.* Mez. Millef. Mur. ac. Nat. c. Nitr. *Nitr. ac.* Nux jug. Nux mos. *Nux v.* Oleand. Oleum jec. Opium. Paul. pinn. Petrol. *Phos.* *Phos. ac.* Phytol. Plat. Plumb. met. Polygon. hydrop. Polygon. punct. Psor. *Puls.* Ranun. acris. Ranun. bulb. Ranun. sceler. *Rhus tox.* *Ruta.* Sabin. Sang. *Sarsap.* Selen. Semperv. tec. *Sep.* *Sil.* *Staph.* Still. sylv. *Sulph.* Sulph. ac. Tart. em. Vip. r. Vip. t. Thuj. Zinc met.

Varicellæ. *Acon.* Ant. crud. *Ars.* Asaf. *Bell.* *Canth.* *Carbo veg.* *Caust.* *Con.* Cycl. *Ipec.* Led. *Merc. sol.* Nat. c. Nat. mur. Puls. Rhus tox. Sec. *Sep.* Sil. Sulph. Tart. em. Thuj. Verat. alb.

Varicellæ Conoides. *Acon.* *Ant. crud.* Ars. *Bell.* Carbo veg. Ipec. *Puls.* Rhus tox. Sep. Tart. em. Thuj.

Varices. Amm. c. Amm. mur. Ant. crud. Arn. Ars. Calc. c. Carbo veg. Caust. Ferr. acet. Fluor ac. Hep. Hydrocotyle. Lyc. Magn. aus. Millef. Nat. mur. Nux v. Puls. Sulph. Zinc met.

Warts. Amb. Amm. c. Amm. mur. Anath. muric. Ant. crud. Ars. Bar. c. Bell. Berb. Borax. Bov. Calc. c. Calc. caust. Carbo an. Carbo veg. Caust. Chel. Cinnab. Con. Cupr. Dulc. Euphras. Ferr. met. Fluor. ac. Hep. Kali c. Kali caust. Lach. Lyc. Magn. aus. Nat. c. Nat. mur. Nitr. ac. Oxal. ac. Pallad. Petrol. Phos. Phos. ac. Plumb. met. Ruta. Sabin. Sang. Sarsap. Semperv. tec. Sep. Sil. Spong. Staph. Sulph. Sulph. ac. Thuj.

Wens. Nitr. ac. Phos. ac. Rhus tox.

Objective.

Abscesses in the Head. *Calc. c.* Lyc.

Abscesses of Lachrymal Sac. Bry. Nat. c. *Puls. Sil.* Stann.

Abscesses in Face. Anather. muric. Ars. *Bell.* Bry. *Hep.* Lach. *Merc. sol. Merc. protiod.* Phytol. *Sil.* Sulph.

Abscesses of Parotids (in general). Ars. *Lyc.* Nitr. ac. *Phos. Phytol. Sil.*

Abscesses of Parotids, Right Side. Bell.

Abscesses of Parotids, Left Side. Rhus tox.

Abscesses in Axillary Dorsal Region. Petr.

Abscesses of Nape of Neck. Sil.

Abscesses of Left Side of Neck. Hyos.

Abscesses of Back. Lach.

Abscesses of Loins. Badiag. Hep. Nitr. ac. Sil. Staph.

Abscesses, Psoas. China.

Abscesses, Anterior Axillary Region. Rhus tox.

Abscesses of Mammæ. Acon. *Bell. Bry.* Cistus. *Graph.* Hep. Merc. sol. Phos. Phytol. Sil. Sulph.

Abscesses in Abdominal Parietes. *Hep.* Rhus tox. *Sil.*

Abscesses on Elbow discharging Reddish-brown Pus. Crotal. hor.

Abscesses of the Thighs. Sil.

Abscesses of Ankles. Angust. Sil.

Abscesses on Dorsa of Feet. Sil.

Abrasion on Penis, changing to ulcer with hard edges, and suppuration forming a scurf. Nux jug.

Acne Punctata on Nose. Bell. Carbo veg. Dros. Graph. Hep. Lachnan. Selen. Sulph.

Acne Punctata on the Face. Dig. Dros. Nitr. ac. Sabin. Selen. *Sulph.*

Acne Rosacea on Forehead. Rhus tox.

Acne Rosacea on Face. Ars. Ruta. Rhus tox.

Adhesion of the Skin (in general). Arn. Chin. Par.

Adhesion of Skin with Caries. Arn. *Asaf.* Aur. Chin. Hell. Merc. sol. *Phos. ac.* Puls. Ruta. Sabin. *Sil.* Staph.

Band, Red, on Tibia, composed of rashlike risings. Calc. c.

Band, Purple, Two Inches Wide, along each side of spine. Chlor. hyd.

Bites of Insects (in general). *Acon. Arn. Bell.* Calad. Kreas. *Lach. Merc. sol.* Seneg. Sep. *Tarant.*

Bites of Venomous or Enraged Creatures. *Amm. c. Ars. Bell.* Caust. Hydroph. Lach. Opium. Puls. Seneg. Tarant.

Blackness and Swelling of Lips. Acon. Amm. c. Nitr. ac. Spig.

Blackness and Swelling of Whole Skin. *Acon.* Æth. Amm. c. *Arn. Ars.* Aur. Bell. *Carbo veg.* Con. Dig. Hep. *Lach.* Mang. *Merc. sol.* Nux v. Opium. *Phos.* Phos. ac. Plumb. met. Puls. Samb. Sec. Seneg. *Sil.* Sulph. ac. Verat. alb.

Blackness of Pores of Skin on Nose. Dros. Graph. Nitr. ac. Selen. *Sulph.* Samb.

Blackness of Pores of Skin on Face. Dig. Dros. Nitr. ac. Sabin. Selen. *Sulph.* Samb.

Bleeding from Blisters and Vesicles. Graph.

Bleeding from Rhagades. *Merc. sol.* Nicc. *Petr.* Puls. Sarsap. *Sulph.*

Bleeding from Old Cicatrices. Lach. Phos.

Bleeding from Ulcers. Alum. Arn. Ars. Asaf. Bell. Bov. *Carbo veg.* Caust. *Con.* Croc. Dros. *Hep.* Hyos. Iod. *Kali c.* Kreas. *Lach. Lyc.* Magn. arc. Merc. sol. Merc. dulc. Mez. Nat. mur. *Nitr. ac. Phos. Phos. ac. Puls.* Rhus tox. Ruta. Sabin. Sec. Sep. *Sil.* Sulph. Sulph. ac. Thuj. Zinc. met.

Bleeding from Ulcers, especially at night. Amm. mur. Ars. Asaf. Bell. Carbo veg. Caust. Con. Hep. Kali c. Kreas. Lyc. Merc. sol. Merc. dulc. Mez. Phos. Puls. Rhus tox. Rhus vern. Sep. Sil. Sulph. Thuj. Zinc. met.

Blisters, Bloody, on Arms. Sec.

Blisters, Blackish. *Ars.* Lach. *Nat. c.* Petr. Vip. torv.

Blisters, Blackish, on Feet. Ars.

Blisters, Blackish, with Suppuration. Vip. torv.

Blisters (in general). Amm. c. *Ars.* Borax. Caust. *Cham. Clem. Graph. Hep. Kali c. Magn. c.* Merc. sol. *Nat. c.* Nitr. ac. *Petr. Sep. Sil. Sulph.*

Blisters, Spreading. Alum. Ars. Graph. Hep. Nat. mur. Rhus tox.

Blisters Close Together. Ranunc. scel. Rhus tox. Verat. alb.

Blisters in Groups. Rhus vern. Sulph.

Blisters on Neck. Alum. Magn. c. Vip. r.

Blisters on Nape of Neck. Caust. Graph. Nat. c.

Blisters on Scapulæ. Amm. c. Ant. crud. Caust. Cic. Lach. Vip. ved.

Blisters, Dry. Rhus tox.

Blisters on Ears. Alum. Chin.

Blisters on Face (in general). Alum. Amm. c. Amm. mur. Ant. crud. Aur. fol. Bar. c. Bell. Bov. Bry. Canth. Carbo an. Caust. Cic. Clem. Crotal. hor. *Euphorb.* Graph. Hep. Indig. Lach. Magn. c. Mang. Nat. c. Nitr. ac. Ol. an. Petr. Phos. Rhus tox. Sep. Sil. Stront. Sulph. Valer. Zinc. met.

Blisters, Bloody, on Face. Nat. mur.

Blisters, Watery, on Face. Bov. Coloc.

Blisters on Feet (in general). *Ars. Caust. Con. Graph. Phos.* Ranunc. rep. Selen. Sep. Tarax. Vip. torv. Zinc. met.

Blisters, Black, on Feet. Ars. Nat. mur.

Blisters on Soles of Feet. Ars. Sulph.

Blisters on Heels. Calc. c. *Caust. Lach.* Nat. c. *Petr. Phos.* Sep.

Blisters on Toes. *Graph. Lach.* Nat. c. Nitr. ac. *Phos. ac. Selen. Sulph.*

Blisters, Phagedenic, on Feet. *Con. Selen. Sulph.* Zinc. met.

Blisters, Phagedenic, on Heels. Caust. *Nat. c. Sep. Sil.*

Blisters, Phagedenic, on Toes. *Ars. Graph. Nitr. ac.* Petrol.

Blisters, Watery, on Toes. *Phos. ac.*

Blisters on Heels, changing to boils. Calc. c.

Blisters on Heels, changing to ulcers. Lam. alb. Sep.

Blisters under Feet; at night discharge light-yellow fetid water. Ars.

Blisters, Fistulous. Aur. fol. *Calc. c.* Petr.

Blisters, Gangrenous. Acon. Ars. Bell. *Canth.* Carbo veg. Hyos. Lach. Mur. ac. *Ranunc. bulb.* Ranunc. rep. Sabin. Sec. Vip. r.

Blisters on Hands. Amm. mur. Ant. crud. Ars. Bell. Bov. Canth. Caust. *Clem. Cocc. Hep. Kali c. Kali chl. Kali hyd. Lach.* Magn. c. *Merc. sol. Mez.*

Nat. mur. Phos. Ranunc. bulb. Rhus rad. *Rhus tox. Selen. Sep. Sil. Squill. Sulph.*

Blisters on Wrist. *Amm. mur.* Merc. sol. *Rhus tox.*

Blisters on Fingers. Bell. *Clem.* Cupr. met. *Cycl.* Electr. *Graph.* Grat. Hell. *Hep. Kali c.* Lach. Laur. Magn. c. Mang. *Nat. c. Nat. mur. Nitr. ac.* Phos. *Phos. ac. Plumb. Ranunc. bulb.* Rhus tox. *Sarsap. Sep.*

Blisters on Finger-joints. Cycl. Hell. Hep.

Blisters on Thumbs. Hep. *Lach. Nat. c.* Nat. sulph. *Phos. ac. Sep.*

Blisters, Phagedenic, on Hand. Clem. Magn. c.

Blisters, Phagedenic, on Fingers. *Clem. Graph.* Hep. Kali c. *Magn. c.* Nitr. ac. *Sil.* Sulph.

Blisters, Phagedenic, on Thumbs. *Hep.* Nitr. ac.

Blisters, Phagedenic, on Wrists. Hep.

Blisters, Transparent, on Hands. Mang. Ranunc. bulb.

Blisters on Hands, filled with greenish sanguineous fluid. Electr.

Blisters on Little Finger suppurate and discharge pus. Graph. Ranunc. bulb.

Blisters between Fingers and on lower limbs. Ranunc. bulb.

Blisters on Edge of Hands, where finger begins. Cocc. Ranunc. bulb.

Blisters, Hard, Indurated. Lach. Phos. Phos. ac. Sil.

Blisters, Herpetic. Amm. c. Ars. Bor. Caust. *Clem.* Graph. Hep. Kali c. Magn. c. Merc. sol. *Nat. c. Nitr. ac. Petr. Sep.* Sil. *Sulph.*

Blisters, Secreting Humor. Electr. *Hell.* Hep. Lach. Mang. *Merc. sol.* Phos. Ranunc. bulb. Ranunc. sceler. Rhus tox. Sulph. Vip. torv.

Blisters on Tips. *Alum.* Amm. c. Amm. mur. *Ars.* Aur. fol. Bell. Bry. Canth. Carbo an. Carbo veg.

Caust. Cic. Clem. Con. Graph. Hell. *Hep.* Kali c. Lauro. Magn. c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac. Nat. c. *Nat. mur.* Nat. sulph. Par. Phos. Plat. Rhodo. Rhus tox. Sarsap. Seneg. Sep. *Sil.* Staph. Sulph. *Urtica.* Val. Verat. alb. Zinc. met.

Blisters in Corners of Mouth. Caust. Lauro. Mez. Seneg.

Blisters, Bloody, on Lips. Nat. mur.

Blisters, Bloody, in and on Nose. Sep.

Blisters, Pale-red. Rhus tox.

Blisters Peel Off. *Bry.* Puls. Rhus tox.

Blisters, Putrid. Vip. torv.

Blisters, Raised (above surrounding skin). Merc. sol. Selen. Sulph.

Blisters, Red. Ant. crud. Cocc. Cycl. Crot. hor. Led. Mang. Nat. c. *Nat. mur.* Sil. Val.

Blisters with Red Areola. Cann. sat. Crot. hor. Kali c. Kali chl. Nat. c. Sabad. Sil. Sulph. Tabac. Vip. torv.

Blisters after Scratching. Amm. c. Ant. crud. Caust. Chin. Cycl. Hep. Lach. Mang. Nat. c. Nat. mur. Phos. Rhus tox. Sarsap. Spong.

Blisters, Scurfy. Bell. Hell. Nat. c. *Ranunc. bulb.* Sil. Sulph.

Blisters on Genitals (in general). Carbo veg. Caust. Graph. *Merc. sol. Nitr. ac. Phos. ac. Rhus tox.* Staph. Sulph. *Thuj.*

Blisters on Glans Penis. Merc. sol. Phos. ac. Rhus tox. Thuj.

Blisters on Prepuce. Carbo veg. Caust. Graph. Nitr. ac.

Blisters on Labia. Graph. Staph. Sulph.

Blisters under the Jaws. Mur. ac.

Blisters on Face, as if caused by the sun's heat. *Clem.* Hep. Indig. Valer.

Blisters on Chest. Caust.

Blisters, Transparent (in general). Kali c. *Lach. Magn. c.* Magn. mur. Mang. Merc. sol. *Ranunc. bulb.*

Blisters, Ulcerated. Calc. c. Caust. Graph. *Merc. sol. Nat. c.* Sulph. *Zinc. met.*

Blisters around Ulcers. Ars. Bell. Caust. Hep. Lach. Magn. arc. Merc. sol. *Nat. c.* Petr. Phos. *Rhus tox.* Sep.

Blisters containing Water. *Bell. Bov.* Clem. Graph. Magn. arc. Merc. sol. Nat. c. Plat. Plumb. Rhus tox. Rhus vern. Sec. *Sulph.* Tab. Vip. red. Zinc. met.

Blisters containing Water on lips. Bell. Bov. Clem. Merc. sol. Plat. Rhus tox. Zinc. met.

Blisters containing Water on hands. Bell. *Cocc.* Magn. arc. *Rhus vern. Sarsap.*

Blisters containing Water on fingers. Cupr. met. Magn. c. Nat. sulph. *Plumb. met. Puls. Rhus vern.*

Blisters, White, in general. Amm. c. Berb. Cann. sat. Caust. Clem. Electr. Graph. Hell. Hep. *Lach. Merc. sol.* Mez. *Nat. c.* Phos. Sabad. Sulph. *Thuj.*

Blisters, Yellow. Ant. crud. Dulc. Crotal. hor. Mur. ac. Ranunc. bulb. Rhus tox. Vip. torv.

Blisters, Small, above eyes. Crotal. hor.

Blisters, Brown, Swelling, and Discharge much corrosive serum. Galvan.

Blisters, White, Discharge a white fluid, on lips, chin, and neck. Hep.

Blister, Flat, on knee, as if full of bile. Iod.

Blisters Break, and leave sore places. Rhus tox.

Blisters, White, with red edges, on right knee. Sabad.

Blisters, Large, on right lower arm. Spong.

Blisters on Anus. Merc. corr. Sec. Sep.

Blisters on Abdomen. Merc. corr.

Blisters on Sternum. Bell.

Blisters with White Edges (after burns). Bell. Clem. Caust.

Blister on Right Shoulder, forming a scurf. Amm. mur.

Blisters, with Black Scurf and Œdema. Bell.

Blotches (in general). Anac. *Ant. crud.* Arn. *Ars. Asaf.* Bar. c. *Bell.* Berb. *Bry.* Calc. c. Caps. Chel. Coff. Cocc. Con. *Crotal. hor.* Croc. Dulc. Electr. Hell. *Hep. Hyosc.* Ign. Kali c. Kreas. *Lach. Led.* Lyc. *Magn. c. Mang. Merc. sol.* Nat. c. Nat. mur. Nitr. ac. *Nux v.* Op. *Petr. Phos.* Phos. ac. *Puls.* Rhus tox. *Rhus vern.* Ruta. Sabin. *Sarsap. Sec.* Selen. Sep. *Sil.* Spig. Squill. Staph. Stram. Sulph. Sulph. ac. Tart. e. Val. Verat. alb. Vip. torv.

Blotches, Bloody. Arn. Bellis peren. Bry. Con. Sec.

Blotches on Feet. Carbo veg. Nux jug. Sep. Sulph.

Blotches, Gangrenous (Anthrax?). Ars. Bell. Caps. Electr. *Hyos.* Lach. Rhus tox. *Sec. Sil.* Tart. e. Vip. torv.

Blotches, Gray. Nitr. ac.

Blotches, Inflamed. Hep. Mang. *Merc. sol. Phos. Sil.*

Blotches like Nettle-rash. Berb. Kreas. Lach. Magn. sulph. Mez. Sarsap. Verat. alb.

Blotches, Red. Arg. nit. Carbo veg. Merc. sol. Mur. ac. Morph. acet. Op. Phos. Rhodo. Spong. Urtica. Verat. alb.

Blotches, with Red Areola. Ant. crud. Cocc. Dulc. Nat. c. Nat. mur. Nux jug. Pedic. cap. Phos. Rhus tox. Sep.

Blotches, Soft. Ant. crud. Bell. Carbo veg. Lach. Mez. Petr. Rhus tox. Sil.

Blotches, White, with Red Areola on limbs and face. Ant. crud. Carbo veg. Lach. Mez. Petr. Rhus tox. Sil. Thuj.

Blotch on Right Knee like a mosquito bite. Ant. crud.

Blotches on Head. Anac. Bar. c. Calc. c. Carbo an. Hell. Kali c. *Lyc. Mez.* Nat. mur. Nux v. Puls. Phos. Phos. ac. Ruta. Sil.

Blotches in Front of Ears. Bry.

Blotches Behind Ears. Bry. Calc. c. Carbo an. Caust. Staph.

Blotches on Ears. Spong.

Blotches on Nose. Bell. Iod.

Blotches on Face. Alum. Ant. crud. Ars. Bar. c. Calc. c. Canth. Carbo veg. Chel. Cic. Con. Dig. Dulc. Graph. Hell. Hep. Iod. Kali c. Lach. Led. Lyc. Magn. arc. Magn. c. Magn. mur. Merc. sol. Nat. c. Nux v. Op. Puls. Rhus rad. Sep. Sulph. Viol. tr. Zinc. met.

Blotches on Lips. Ars. Bar. c. Bell. Bry. Caust. Con. Hep. Kali hyd. Magn. arc. Magn. mur. Sep. Sil. Stront. Sulph.

Blotches on Lower Jaw. Stann. Staph.

Blotches, Red and Suppurating, on neck under the jaw. Lach. Nat. mur. Rhus rad.

Blotches on Abdomen. Merc. sol. Merc. viv. Nat. c.

Blotch at Left of Anus. Stann.

Blotches at Anus. Carbo veg. Ign. Ipec. Stann. Staph. Thuj.

Blotches all Around Anus. Staph. Thuj.

Blotch, Large, Red, with black pimple in centre, close to the rectum. Carbo veg.

Blotches at Anus, like fig-warts. Aur. mur. *Cinnab.* Euphras. Lyc. Merc. corr. Merc. sol. Nitr. ac. Phos. ac. *Thuj.*

Blotches on Genitals. Arn. Bell. Bov. Bry. Merc. viv. Nat. c. Sep.

Blotches on Chest. Merc. viv. Nat. c. Pedic. cap. Sarsap.

Blotches in Axillæ. Bry. Mez. Petr.

Blotches on Neck. Graph. Nat. mur. Sarsap. Sep. Spong.

Blotches on Nape of Neck. Sil.

Blotches, Red, on Right Side of neck. Mur. ac.

Blotches on Neck, as from heat. Sulph.

Blotches on Back. Lach. Mez.

Blotches on Arms. Mur. ac. *Nat. mur.*

Blotches on Forearms. Crotal. hor. Mez.

Blotches on Upper Arms. Berb.

Blotches on Hands. Ars. Arg. nit. Carbo an. Indig. Kali chl. Merc. sol. Rhus tox. Rhus vern. Sep. Spig. Stram. Sulph. Urtica.

Blotches on Wrists. Amm. mur. Carbo veg. Cocc.

Blotches on Fingers. Acon. Ant. crud. Arg. nit. Ars. Berb. Caust. Cocc. Con. Lach. Led. Nat. c. Rhus tox. Verat. alb.

Blotches, Red, on Back of Hand and index finger, changing to yellow blister on red base. Arg. nit.

Blotches, Red, Lentil-sized, on hands. Sep.

Blotch, White, with Red Areola on index finger. Nat. c.

Blotches, Red, on fingers of right hand. Acon. Arg. nit.

Blotches, Hard, Elevated, with watery vesicles on them, on hands. Rhus vern.

Blotches Deep under Skin, on palm of hands. Rhus vern.

Blotches on Ring Finger. Rhus tox.

Blotches, Red, on backs of fingers. Verat. alb.

Blotches, Hard, Dry, with red areola, on backs of fingers. Cocc. Rhus tox.

Blotch on Right Shoulder. Hura bras.

Blotches on Legs. Ant. crud. Arg. nit. Aur. fol. Carbo veg. Cocc. Hura bras. Kreas. Merc. sol. Nux jug. Petr. Phos. Rhod. Thuj.

Blotches on Nates. Ant. crud. Bry. Sarsap.

Blotches on Thighs. Aur. fol. Carbo veg. Crotal. hor. Merc. viv. Rhod. Zinc. met.

Blotches on Knees. Ant. crud. Sulph.

Blotches on Calves of legs. Aur. fol. Carbo veg. Lach. Merc. sol. Petr. Phos. Thuj.

Blotches on Feet. Ant. crud. Kreas. Lyc. Nux jug.

Blotches on Toes. Sulph. Zinc. met.

Blotches on Chin. Bry. Carbo an. Euphorb. Hep. Mag. mur. Oleand.

Blotches on Eyelids. Aur. fol. Bry. Calc. c. Ranunc scelr. Staph. Thuj.

Blotches, Hard. Amm. c. Amm. mur. Ant. crud. Bov. *Bry.* Con. *Lach. Magn. c. Magn. sulph.* Nat. mur. Phos. Rhus tox. Valer.

Blotches, Hard, on Back. Ant. crud. Phos. Zinc. met.

Blotches Secreting Humor. Nitr. ac. Selen.

Blotches, Inflamed. Amm. mur. Rhus tox.

Blotches, Inveterate, Malignant. Ars.

Blotches like Nettle-rash. Berb. Kreas. Lach. Sarsap. Verat. alb.

Blotches after Scratching. Lach. Lyc. Merc. sol. Nat. c. Nitr. ac. Op. Rhus tox. Spig. Verat. Zinc. met.

Blotches on Glans Penis. Bell.

Blotches on Scrotum. Arn.

Blotches on Prepuce. Sep.

Blotches, Watery. Graph. Magn. c.

Blotches, Whitish. Dulc. Sulph. Val.

Blotches, Yellow. Ant. crud. Sulph.

Blotches Bleeding when scratched. Cocc. Kali c. Nitr. ac.

Blotches, Cold. Bell.

Blotches, Large, Indurated, and deep under skin. Amm. mur. Phos.

Blotches, Inflamed, with brown-red scurf, and swelling of the parts. Amm. mur.

Blotches like Sting of Insects. Ant. crud. Kreas. Tarant.

Blotches like Sting of Insects, especially on face and joints of the extremities. Ant. crud. Kreas.

Blotches on Lower Limbs at night. Arg. nit.

Blotches, Lentil-sized, Colorless. Ars.

Blotches, Hard, Dry, with red areola on limbs. Cocc. Nux jug. Phos.

Blotches containing no Fluid, with red areola. Cocc.

Blotches on Leg below knee, changing to thick, hard nodules when rubbed. Aur. fol.

Blotches Large and Small, of dingy-yellow color, on calves of legs. Aur. fol. Carbo veg.

Blotches Small and Dry on instep, especially the left, forming a hard scab, and leaving a hard blue-red spot. Nux jug.

Blotch, White, on chest above left breast. Pedic. cap.

Blotches on Edge of Tibia. Phos.

Blotches, Brownish and Bluish. Phos.

Blotches, Red and Raised ("Hives"?). Urtica.

Blotches on Cheeks and corners of mouth. Kali hyd.

Blotches, Red, and growing to Abscesses (boils?), with red areola. Kali hyd.

Blotches, Conical, red or skin color, more easily felt than seen. Chloral. Morph. acet.

Blotches, Rose-colored, in leprous patients. Nat. c. Sil.

Blotches on Right Forearm, size of small peas, hard after scratching. Méz.

Blotches, Small, Flat, light-red, on chest and genitals. Merc. viv.

Blotches, Small, Flat, light-red, on thighs. Merc. viv. Rhod.

Blotches, White, on calves of legs. Thuj.

Blueness of Skin (in general). Acon. Amm. c. Ang. Arn. Ars. Aur. fol. Bell. Bry. Calc. c. *Camph.* *Carbo veg.* Cocc. Con. *Crotal. hor.* *Cupr. met.* *Dig.* *Lach.* Led. Merc. sol. Nat. mur. *Nux v.* *Op.* Phos. Phos. ac. Plumb. met. Puls. Rhus tox. Samb. Sec. Sil. Spong. Sulph. ac. Thuj. *Verat. alb.* *Vip. red.* *Vip. torv.*

Blueness of Alæ Nasi. Hydroc.

Blue Lips. Agar. Alum. Ang. *Ars.* Berb. Calc. c. Caust. Cin. Con. Cupr. *Dig.* *Lyc.* Merc. sol. Op. Phos. Stram. Verat. alb. Vip. red.

Blue Clavicles (region of). Thuj.

Blue Arms. Plat. Sep.

Blue Hands. Acon. Amm. c. Cocc. Lach. *Nux v.* Spong. Zinc met.

Blue Legs. Bism. Con.

Blue Feet. Lach. *Vip. torv.*

Blue (swelling of) Glands. Arn. Ars. Aur. fol. Carbo an. Carbo veg. Con. Ferr. iod. Hep. Lach. Mang. Merc. protiod. Merc. sol. Puls. Sil. Sulph.

Boils in general. Acon. Alum. Amm. c. Amm. mur. Anac. Ant. crud. *Arn.* Ars. Aur. fol. Bar. c. *Bell.* Bry. *Calc. c.* Carbo an. Carbo veg. Chin. Cocc. Euphorb. Graph. Grat. Ham. *Hep.* *Hyos.* Ign. Kreas. *Lach.* Laur. *Led.* *Lyc.* Magn. arc. Magn. mur. *Merc. sol.* Mez. Mur. ac. Nat. c. *Nat. mur.* *Nitr. ac.* *Nux mos.* *Nux v.* *Petrol.* *Phos.* Phos. ac. Puls. Rhus tox. *Sec.* *Sep.* *Sil.* Spong. *Staphis.* Stram. *Sulph.* Sulph. ac. Tart. e. Thuj. Vip. red. Zinc. met.

Boils, Large. *Apis.* *Hep.* Hyos. Lach. Lyc. Merc. sol. Nat. c. Nitr. ac. Phos.

Boils, Small. Arn. Bar. c. Grat. Lyc. Magn. c. Magn. mur. Nat. mur. *Nux v.* Sulph, Zinc. met.

Boils, Periodically Recurring. Hyos. *Lyc.* *Nitr. ac.* Nux v. Phos. Phytol. Sil. *Staph.* Sulph.

Boils, Furunculous Eruption. Iod.

Boils, Small, all over, after measles. Bell.

Boils, Small, on neck and face; on head, back, and chest, of various sizes. Kali hyd.

Boils Mature Slowly. Hep. Sulph.

Boils very Inflamed and Painful. Bell. Merc. sol.

Boils on Head. Bar. c. Bell. Calc. c. Cin. Kali brom. Kali c. Led. Magn. mur. Mur. ac. Nat. brom. Nitr. ac. Rhus tox.

Boils on Forehead. Amm. mur. Led. Phos.

Boil on Forehead where hair begins to grow. Bell. *Calc. c.*

Boil on Forehead above left eye. Nat. mur.

Boils on Forehead, Large. Magn. c.

Boils on Forehead, Small. Phos.

Boils on Right Temple. Mur. ac.

Boils on Eyelids. Lappa maj.

Boils on Ears. Sil. Sulph.

Boils in Front of Ears. Carbo veg.

Boils over Ears. Alum.

Boils behind Ears. Nat. c. Phytol.

Boils behind Right Ear. Phytol.

Boils around Ears. Amm. c.

Boils, Large, on Helix of Ear. Sulph.

Boils in Ears. Electr. Puls. Sulph.

Boils in External Meatus. Puls. Sulph.

Boils on Nose. Alum. Amm. c. Carbo an. Magn. mur.

Boils on Tip of Nose. Acon. Amm. c. Apis.

Boils in Nose. Alum. Amm. c. Carbo an. Sil.

Boils on Nose, suppurating speedily. Magn. mur.

Boil, or Furunculous Pustule, on right side of nose, in front of septum. Amm. c.

Boil, or Furunculous Pustule, in depression in outer side of right wing of nose. Con.

Boil, or Furunculous Pimple, in right nostril. Phos.

Boils on Face. Alum. Amm. c. Anath. muric. Arn. Bar. c. Bell. Brom. Bry. Calc. c. Carbo veg. Coloc. Chin. Cina. Iris vers. Kali brom. Kali hyd. Lappa maj. Lauro. Led. Mez. Mur. ac. Nat. c Nat. mur. Nitr. ac. Rhus rad. Sil.

Boils on Face, which do *not* mature. Rhus rad.

Boils on Faces and Heads of children. Cina.

Boils on Face and Cheeks. Alum. Amm. c. Chin. Mez.

Boils on Face and Left Cheek. Alum. Amm. c.

Boils on Cheek near Nose, large. Sil.

Boils at Corners of Mouth. Amm. c.

Boils on Lower Lip. Petr.

Boils over Upper Lip. Nat. c.

Boil on Right Side of lips. Alum.

Boil, Large, Tubercular, on left side of lips. Ratanh.

Boils on Chin. Amm. c. Hep. Nitr. ac. Sil.

Boil on Side of chin. Nitr. ac.

Boils over Chin. Nat. c.

Boil, or Furunculous Pustule, on chin, leaving a red spot. Magn. c.

Boil under Jaw. Carbo veg. Sep.

Boils on Neck. Amm. c. Bellis peren. Chin. Coloc. Graph. Indig. Kali hyd. Magn. c. Nat. mur. Nitr. ac. Rhus venen. Sep.

Boils on Nape of Neck. Electr. Nitr. ac. Phos. Sil.

Boils on Neck, Small. Graph.

Boils in Axilla. Borax. *Caust.* Fluor. ac. Lyc. Phos. ac. Sulph. ac.

Boils in Left Axilla. Lyc.

Boils on Back. Acon. Caust. Coloc. Electr. Graph. Iris vers. Kali hyd. Mur. ac. Phytol. Sulph. ac. Thuj. Zinc. met.

Boils, Small, on Back. Caust. Graph. Mur. ac.

Boils on Right Side of Back. Phytol.

Boils on Small of Back. Æth. Mur. ac. Thuj.

Boils in Scapular Region. Amm. c. Bell. Iod. Led. Lyc. Nitr. ac. Nux jug. Zinc. met.

Boils, Large, on Scapula. Nitr. ac.

Boils on Nates. Acon. Agar. Alum? Aur. mur. Bar. c. Graph. *Hep.* Indig. Lycop. Nitr. ac. Phos. ac.

Boil between Scapulæ, with gangrene of legs. Iod.

Boils, Two, on One of Nates. Hep.

Boils on Chest. Amm. Cham. Chin. Hep. Magn. c. Phos.

Boils, Large, on Chest. Phos.

Boils, Small, on Chest. Amm. c.

Boils on Right Side of Chest. Amm. c. Chin. Kali hyd.

Boils over Pectoralis Muscles. Cham. Chin.

Boils over False Ribs. Magn. mur.

Boil below Last Rib, Left Side. Arg. fol.

Boils on Abdomen. Amm. mur. Phos. Zinc. ox.

Boil on Right Side of Abdomen. Amm. mur.

Boil on Abdomen above genitals turns dark-blue. Zinc. ox.

Boils on Pubes. Apis. Copaiv. Zinc. ox.

Boil on Perineum. Ant. crud.

Boil at Anus. Carbo an.

Boils on Shoulders. Amm. c. Bell. Nitr. ac. Nux jug. Phos. ac.

Boils, Small, on Left Shoulder. Amm. c. Bell.

Boils on Right Shoulder. Kali nit. Phos. ac.

Boils on Arms. Amm. c. Brom. *Calc. c.* Carbo an. Carbo veg. Elaps. cor. Graph. Iod. Lyc. *Magn. mur. Mez.* Nux jug. Petr. Phos. ac. Rhus vene. *Sil. Zinc. met.*

Boils, Small, on Arms. Graph.

Boils, Four or Five Large, one below elbow on lower side of arm. Bell.

Boil on Right Biceps. Nux jug.

Boil on Posterior Surface Right Upper Arm. Iod.

Boils on Left Upper Arm. Mez. Zinc. met.

Boils on Upper Arm. Carbo veg. Iod. Mez. Nux jug. Zinc. met.

Boils, Many Large and Small, on Arms. Sil.

Boils, Syphilitic, on Arms. Iris vers.

Boils on Forearms. Calc. c. Lyc. Magn. mur. Petr.

Boil on Upper Arm, with pimples all around it. Carbo veg.

Boils on Hands. Calc. c. Iris vers. Lach. Led. Lyc.

Boil on Back of Left Hand. Calc. c.

Boils, Small, Immature, with erysipelatous inflammation of whole back of hand. Rhus rad.

Boils on Fingers. Calc. c. Lach. Sil.

Boils on Finger-joints and Backs of fingers. Calc. c.

Boil on Middle Finger of Left Hand. Iris vers.

Boil on Thumb. Nitrum.

Boil on Lower Part of Thumb. Kali nit.

Boils on Hips. Alum. Amm. c. Bar. c. Graph. *Hep.* Lyc. Nitr. ac. Nux jug. *Phos. ac.* *Ratanh.* Sabin.

Boils on Right Hip especially. Alum. Amm. c. Nitr. ac.

Boils on Thighs. Alum. Amm. c.? Aur. mur. Calc. c. Clem. Coccul. Hyos. Ign. Lach. Lyc. Magn. c. *Nitr. ac.* Nux jug. Nux vom. Petr. Phos. Phos. ac. Rhus vene. Sep. Sil.

Boils on Right Thigh. Nux jug. Rhus vene.

Boils on Inner Surface of Thigh. Ign. Coccul.

Boil on Posterior Surface of Thigh. Sep. Sil.

Boils on Thigh above knees. Lyc.

Boils on Knees. Nat mur. Nux v.

Boils on Legs. Calc. c. *Magn. c.* Nitr. ac. Nux vom. Petr. Sil.

Boils on Calves of Legs. Sil.

Boils on Ankles. Merc. sol.

Boils on Feet. Calc. c. Led. Sil. Stram.

Boils on Sole of Right Foot. Ratanh.

Boil on Heel. Calc. c.

Boils on Scrotum. Cupr. ars. Zinc. ox.

Boils, Small, on forehead, neck, chest, and thighs. Magn. c.

Boils, Small, on nape of neck, chest, thighs, and forehead. Phos.

Boils, Small and Indurated, on cheek and chin, and at corners of mouth; emit water and blood. Amm. c.

Boils, Indurated, with profuse, thick, bloody suppuration. Nux jug.

Bruises in general. Arn. Badiag. Bellis peren. *Cic.* Con. *Croc.* Euphras. Hep. *Iod.* Mez. Petr. Phos. Polygon. punct. *Puls.* Ruta. Sulph. Sulph. ac. Verb. hast.

Bruises, with Extravasation. *Arn. Bry. Bellis peren. Con.* Crotal. hor. *Dulc.* Hep. *Lach. Nux v. Puls. Rhus tox.* Sulph. Sulph. ac. *Verb. hast.*

Bullæ, Large, Red, on right buttock. Ant. crud.

Bullæ, Hard, size of a pea, on a red base on lower arm. Sil.

Bullæ, Hard, on ball of thumb. Phos. ac.

Burns, Inflamed, Swollen, Gangrenous, covered with yellow ichorous vesicles. Plumb. met. Urtica ur.

Burns, with swelling, œdema, and small, transparent, confluent vesicles filled with serum. Urtica ur.

Carbuncles, during ulceration. Sil.

Carbuncles, bluish-purple; cannot bear any bandage on the parts, especially on neck. Lach.

Carbuncles dark red and of fetid odor. Carbo veg.

Chilblains blue-red, with swelling. Arn. Bell. Kali c. *Puls.* Zinc. met.

Chilblains, with bleeding rhagades. Nux v. Petr. Puls.

Chilblains, red and thick. Kali c. Sulph.

Chilblains, Old, inflame and suppurate. Lach. Sulph.

Chilblains, inflamed. Ars. Bell. Cham. Hep. Lach. Lyc. *Nitr. ac.* Petr. Phos. *Puls.* Rhus tox. Staph. Sulph.

Chilblains, Red. *Agar.* Ambr. *Ant. crud. Arn. Ars.* Aur. fol. *Bell.* Berb. Borax. *Bry.* Carbo an. Carbo veg. *Cham.* Chin. Cocc. *Colch.* Croc. Cycl. *Hep. Hyosc.* Kali c. Lyc. Magn. arc. Magn. aus. *Nitr. ac.* Nux mos. *Nux v. Petr. Phos. Phos. ac. Puls.* Ratanh. *Rhus tox.* Ruta. Sep. Spig. Stann. *Staph. Sulph. Sulph. ac. Thuj.* Zinc. met.

Chilblains, with blotches after scratching. Rhus tox.

Chilblains on hands. *Nitr. ac. Stann. Zinc. met.*

Chilblains on fingers. Carbo an. *Lyc. Petr. Puls. Sulph.* Sulph. ac.

Chilblains on feet and toes. *Agar. Ant. crud.* Hep. Kali c. *Nitr. ac. Nux v.* Petr. *Phos.* Rhus tox. *Sulph. Thuj.*

Chilblains, especially on big toe. Nitr. ac.

Cicatrices, Old, break open. Carbo veg. Crotal. hor. *Lach.* Sil.

Cicatrices bleed. Lach. Phos.

Cicatrices turn red. Lach. *Merc. sol.* Nat. mur.

Contraction of skin all over. Cupr. met.

Corns, Horny. *Ant. crud.* Graph. Ranunc. sceler. Sulph.

Corns, Inflamed. *Lyc. Puls.* Rhus tox. Sep. *Sil.* Sulph.

Corns, especially on left foot. Verat. alb.

Crack, small, on index finger, inflamed, and a blister on the sore spot. Sil.

Cracks in nipples, fingers, and hands. Balsam. Peru.

Crusts, humid, on scalp and arms. Alum. Bar. c.

Crusts formed about arms. Berb.

Crusts, thick, humid, becoming dry and black, with red, humid, dilated, yellow margins. Chin. Sulph.

Crusts, Black. *Bell.* Chin. Sulph. Vip. torv.

Crusts, Bleeding. Merc. sol. Mez.

Crusts, Brown. Amm. mur. Ant. crud. Berb.

Crusts, Dry. Ars. Ars. iod. Aur. fol. Aur. mur. *Bar. c. Calc. c.* Chin. Sulph. Graph. Lach. Led. Merc. sol. *Sulph.* Thuj.

Crusts, Fetid. Graph. Lyc. *Merc. sol.* Plumb. met. *Psor.* Staph. Sulph.

Crusts, Gray. Ars. Lyc.? Merc. sol.

Crusts, Greenish. Calc. c. Puls.?

Crusts, Herpetic. Bov. Calc. c. *Clem. Con.* Graph. Lach. Lyc. *Ranunc. scelr. Sep. Sulph.*

Crusts, Horny. Graph. Ranunc. scelr.

Crusts, Damp, Humid. *Alum.* Ars. Bar. c. Calc. c. Chin. sulph. Cic. *Clem.* Graph. Hell. *Hep.* Lyc. Merc. sol. Mez. *Oleand.* Plumb. met. Ranunc. scelr. *Rhus tox. Ruta.* Sep. Sil. Staph. Sulph.

Crusts, Raised. Sabin.

Crusts, red-brown. Amm. mur.

Crusts, Suppurating. *Ars.* Plumb. met. Sil. *Sulph.*

Crusts, Yellow. Ant. crud. Aur. fol. Aur. mur. *Cic.* Iod. Kreas. Merc. sol. Mez.

Crusts on Head. Alum. Ars. *Ars. iod.* Bar. c. Calc. c. *Carbo an.* Chel. Electr. Ferr. met. Graph. Hell. Kali c. Magn. c. Merc. sol. Mur. ac. Nat. mur. Nitr. ac. *Oleand.* Paris. Petr. Phos. Rhus tox. Ruta. Sil. Sulph.

Crusts on Eyelids. Graph. Sep.

Crusts on Ears. Bov. *Graph.* Hep. Iod. *Lach. Lyc.* Mur. ac. *Puls.* Sarsap. Spong.

Crusts behind Ears. *Graph. Hep.* Lyc. Puls. *Staph.*

Crusts on Nose. *Ant. crud.* Bar. c. Bell. Bov. *Carbo an.* Carbo veg. Crot. Nat. mur. Nitr. ac. Petr. *Phos. ac.* Ratanh. *Rhus tox.* Sep. *Staph.* Sulph.

Crusts on tip of Nose. *Carbo an.* Carbo veg. *Sep.*

Crusts on Face. Alum. Ant. crud. Ars. Bar. c. Bell. Bry. Calc. c. Carbo veg. Cocc. Coloc. *Dulc.* Graph. Hep. Ign. Lach. *Lyc. Merc. sol.* Mur. ac. Nitr. ac. Petr. Phos. *Phos. ac.* Sarsap. Sep. Sil. Staph. Sulph. Thuj. Viol. tr. Zinc. met.

Crusts on Chin. Sep.

Crusts on Genitals. Caust. Nitr. ac. Thuj.

Crusts on Nipples. Lyc.

Crusts on Back. Graph. Nat. mur.

Crusts in Axilla. *Nat. mur.*

Crusts on Nape of Neck. Bell.

Crusts on Elbows. *Sep.*

Crusts on Forearm. *Alum.*

Crusts on Hands. Sarsap. Sep.

Crusts on Fingers. Anac.

Crusts on Lower Limbs. Ars. Calc. c. *Sabin.* Staph. Zinc. met.

Crusts on Feet. *Sil.*

Dampness, Humor, on Ears. Calc. c. *Lyc.*

Dampness, Humor, behind Ears. Amm. c. Calc. c. Carbo veg. Caust. *Graph.* Hep. Kali c. *Lyc.* Nitr. ac. *Oleand. Petr. Phos. Sil.*

Dampness, Humor, on Edges of Ears. *Sil.*

Dampness, Humor, on Genitals. Calc. c. *Cann. sat.* Carbo veg. *Hep. Lyc.* Nat. mur. Nitr. ac. Petr. *Sep. Staph.* Sulph. Thuj.

Dampness, Humor, on Glans Penis. *Cann. sat.* Cinnab. *Lyc. Merc. sol. Mez.* Nat. mur. Nitr. ac. Sep. Staph. Thuj.

Dampness, Humor, on Scrotum. Carbo veg. Petr. Sulph.

Dampness, Humor, between pudendum and thighs. Calc. *Hep.*

Dampness, Humor, on Mons Veneris. Sulph.

Dampness, Humor, on Prepuce. Nitr. ac.

Dampness, Humor, in Axilla. Carbo veg. Sulph.

DAMPNESS, HUMOR, on scapulæ. Lach.

DAMPNESS, HUMOR, on sacrum. Graph. Led.

DAMPNESS, HUMOR, between thighs. *Hep. Sulph.*

DAMPNESS, HUMOR, on feet. Mez. Selen.

DANDRUFF accumulating evenly over the scalp, which is smooth and seems thickened. Calc. c.

DANDRUFF, with transparent gelatinous discharge. Graph.

DANDRUFF, smelling badly. Lyc.

DANDRUFF in circles like ringworm. Sep.

DESQUAMATION (in general). Acon. Agar. *Alum.* Amm. c. Amm. mur. Ars. Ars. iod. Arum. triph. Aur. fol. Bar. c. Bell. Berb. Bov. Calc. c. Canth. Caps. Carbo an. Caust. Cham. Chloral. CLEM. Coloc. Commoc. dent. Con. Crot. Crotal. hor. Crotal. cascav. Dig. Dulc. Euphorb. Ferr. met. Graph. Hell. Hip. man. Hydras. Hyosc. Iod. Kali c. *Lauro.* Magn. c. Merc. sol. *Mez.* Mosch. Nat. c. Nat. mur. *Oleand.* Op. Paris. Phos. Phos. ac. Plat. Plumb. Puls. Ranunc. scel. Rhus tox. Sabad. *Sec.* Selen. Sep. Sil. Spig. *Staph.* Stram. Sulph. Sulph. ac. Tarax. Tart. e. Verat. alb.

DESQUAMATION, especially from hands and feet. Merc. dulc. Merc. sol. Sep.

DESQUAMATION, especially from left thigh. Pedic. cap.

DESQUAMATION from tips of fingers, soles of feet, and heels. Elaps. cor.

DESQUAMATION about the nails. Sabad.

DESQUAMATION in round patches (like blisters from which the serum has been absorbed), leaving the skin purple (and in some places yellow). Arms are red and speckled, with shreds of dead-white epidermis. Chloral.

DISCHARGES, ALBUMINOUS. Amm. mur. Borax. Bov. Mez. Petr. Plat.

DISCHARGES of bad taste or smell. Copaiv. Dros. Puls.

Discharges, Bitter. Arn. Ars. Carbo veg. Cist. Dros. *Merc. sol.* Nitr. ac. Phos. ac. Puls.

Discharges, Bluish. Ambr. Ars. Cupr. acet.

Discharges containing bloody points. Amm. c. Lauro.

Discharges of bloody mucus. Acon. Alum. Amm. mur. Ars. *Asar. Bar. c.* Bell. *Canth.* Caps. *Carbo veg.* Caust. Cheno. *Chin.* Cocc. Con. Copaiv. Ferr. met. Graph. Hep. Iod. Kali c. Kali chl. Led. Lyc. Merc. sol. Mez. Murex. Nat. mur. Nux mos. Nux v. Op. Paris. Petr. Phos. Puls. *Sep. Sil.* Sulph. Sulph. ac. Thuj. Verat. alb. Vip. torv. Zinc. met.

Discharges, blood-streaked. Ars. Borax. Chin. Ferr. met. Lach. Magn c. Magn. mur. Mez. Sabin. Sep.

Discharges, Brownish. Amm. mur. Ars. Bell. Bism. Borax. Carbo veg. Grat. Nitr. ac. Sulph.

Discharges smelling like old cheese. Calc. c. *Hep.* Merc. sol. Sulph.

Discharges, copious. Acon. *Alum.* Amm. c. Anthrac. *Arg. fol. Ars. Asaf.* Bry. *Calc. c.* Canth. Caust. Chin. Cic. Dulc. Ferr. met. Graph. Guaj. Iod. Kali c. Kreas. *Lach.* Lauro. Lyc. Magn. mur. Magn. sulph. Mang. Merc. sol. Mez. Natr. c. Nat. mur. Nitr. ac. Phos. Phos. ac. Puls. Ranunc. bulb. *Rhus tox.* Ruta. *Samb.* Sabin. *Sarsap.* Sep. Sil. Squill. Staph. Sulph. Thuj.

Discharges, corrosive. Alum. Amm. c. Amm. mur. Anac. Ant. crud. Anthrac. Ars. Borax. Bov. Calc. c. Cann. sat. Canth. Carbo an. *Carbo veg. Clem.* Chin. *Con* Euphorb. Ferr. met. Hep. *Ign. Iod.* Kali c. Kali hyd. *Kreas. Lach.* Lyc. Magn. c. *Magn. mur.* Mang. Merc. sol. Mez. Mur. ac. Nat. mur. Nitr. ac. *Nux v.* Phos. Phos. ac. Puls. *Ranunc. bulb.* Ruta. Sep. Sil. *Spig. Squill.* Sulph. *Sulph. ac.* Thuj.

Discharges, fetid, offensive. Anthrac. Ars. Caps. Magn. c. Nitr. ac. Nux v. *Sabin.*

Discharges of fetid smell or taste. Ars. Bell. *Chel.* Cup. met. Ferr. met. Graph. Kreas. Merc. sol. Mur. ac. *Nat. c.* Nitr. ac. *Puls.* Sep. Sil. *Stann.*

Discharges smelling like putrid eggs. Con.

Discharges, flesh-colored. *Alum. Cocc.* Kreas. Merc. sol. Nitr. ac. Sabin. *Tabac.*

Discharges, flocculent. Agar. Amb. *Merc. sol.* Sep. Sulph.

Discharges, frothy. Ars. *Chen.* Ferr. met. Op. Sec. Sulph. ac.

Discharges, gelatinous. Arg. fol. Berb. Chin. Hell. Lauro. Rhus tox. Selen.

Discharges, globular. Sil. Thuj.

Discharges, gray. *Ambr.* Anac. *Arg. fol.* Ars. Carbo an. Caust. Chin. Copaiv. Kreas. Lach. Magn. mur. Merc. sol. Sep. *Sil.* Thuj.

Discharges, greasy. Magn. c.

Discharges, greenish. Ars. Asaf. Aur. fol. Borax. Carbo veg. Caust. Colch. *Dros.* Ferr. met. Hyosc. Kali c. Kreas. Lach. Led. Lyc. Magn. aus. *Magn. c.* Mang. Merc. sol. Murex. Nat. c. Nat. mur. Nitr. ac. Nux v. Phos. *Puls.* Rhus tox. Sabad. *Sep.* Sil. Stann. Sulph. *Thuj.*

Discharges smelling like fish-brine. Graph. Selen. Tellur.

Discharges, lumpy. Kali c. Kreas. Phos. Sabad. Sabin. Stann.

Discharges of metallic taste. Calc. c. Cupr. met. Ipec. Nux v. Rhus tox.

Discharges, milky. Calc. c. Carbo veg. Con. Ferr. met. Lyc. Phos. Puls. Sabin. Sep. *Sil.* Sulph. ac.

Discharges of thick mucus. Acon. Agar. *Alum.* Amm. mur. Ant. crud. Arg. fol. Ars. *Bar. c.* Berb. *Borax.* Calc. c. Carbo an. Carbo veg. Con. Copaiv.

Electr. Graph. Ipec. Iod. Kali hyd. Kreas. Lam. alb. Lyc. Magn. arc. Magn. mur. *Magn. sulph.* Murex. Mur. ac. *Nat. c.* *Nat. mur.* Nitr. ac. Oleum an. Op. Paris. Puls. Ruta. Sabad. Samb. Sarsap. Sec. Selen. Seneg. *Sil.* Staph. Sulph. Zinc. met.

Discharges of thin mucus. Borax. Caps. Carbo veg. Colch. Electr. *Graph.* Ferr. met. Kali hyd. Lauro. Lyc. *Magn. c.* Mez. Nat. mur. Nux v. Oleum an. Puls. *Rhus tox.* Seneg. Stann. Staph. Sulph. ac. Tereb.

Discharges of musty smell and taste. Borax. Carbo veg.

Discharges, purulent. Ars. Copaiv. Ign. Merc. sol. Sep.

Discharges, reddish. Asar. Borax. Bry. Graph. Paris. Phos. Rhus tox. Sil. Squill. Sulph.

Discharges, ropy. Asaf. Carbo veg. Graph. Kali bich. Lach. Magn. aus. Magn. c.

Discharges, salty. Ambr. Alum. *Amm. c.* Ars. Bar. c. Calc. c. Chin. Dros. *Graph.* Lyc. Magn. c. Magn. mur. *Merc. sol.* Nat. c. Nux v. *Petr.* *Phos.* Puls. Samb. Sep. *Sil.* Stann. Staph. Sulph. Zinc. met.

Discharges, slimy. Acon. Agar. Agn. *Alum.* Ambr. Amm. c. Amm. mur. Ang. Ant. crud. Arg. fol. Arn. Ars. Arum. triph. Asaf. *Asar.* Aur. fol. Bar. c. Bell. Bism. Borax. Bov. *Bry.* Calc. c. Camph. Cann. sat. Canth. Caps. Carbo an. Carbo veg. Caust. *Cham.* Chel. *Chen.* Chin. Cina. Cocc. Coff. Colch. Coloc. *Con.* Copaiv. Croc. *Cupr. met.* Dig. Dros. Dulc. Euphorb. Euphras. Ferr. met. Galv. Grat. Graph. Guaj. Hell. *Hep.* Hyosc. Ign. Ipec. Iod. Kali c. Kali chl. *Kreas.* Lach. Lact. Lauro. Lyc. *Magn. arc.* Magn. aus. Magn. c. *Magn. mur.* Merc. sol. Mez. Mur. ac. Nat. c. *Nat. mur.* Nat. sulph. *Nitr. ac.* Nux mosch. Nux v. Oleand.

Paris. Petr. Phos. Phos. ac. Plat. Plumb. met. Puls. Ranunc. scel. Ratanh. Rhod. Rhus tox. Ruta. Sabad. Sabin. Samb. *Sarsap.* Sec. Selen. Seneg. Sep. Sil. Spig. Spong. Squill. Stann. Staph. Sulph. Sulph. ac. Tart. e. *Thuj.* Val. Verat. alb. *Zinc. met.*

Discharges, sour smelling or tasting. Calc. Graph. Hep. Kali c. Lam. alb. Magn. mur. Merc. sol. Nat. c. Nux. v. Plumb. met. Sep. Sulph. Tarax.

Discharges like starch. Sabin.

Discharges of sweetish taste or smell. Asar. Lach. Magn. c. Merc. corr.

Discharges, tenacious. Acon. Agn. *Alum.* Amm. mur. Anac. *Ant. crud. Ars.* Bar. c. Bell. Bov. Bry. Calc. c. Cann. sat. Canth. Carbo veg. Caust. Cham. Chin. Chin. sulph. Cist. Cocc. Colch. Con. Dulc. Euphras. Graph. Iod. Kali c. Lach. Lact. Lauro. Lob. Magn. c. Magn. mur. Merc. sol. *Mez.* Nat. c. Nux v. Paris. Oleum an. *Phos.* Phos. ac. Plumb. met. Puls. *Ranunc. scel. Rhus tox.* Sabad. Sabin. *Samb. Seneg.* Sep. Spig. Spong. Squill. Stann. Staph. Tab. Tart. e. Verat. alb. Zinc. met.

Discharges, viscous. Carbo an. Carbo veg. Hep. Phos. *Phos. ac.* Plat. Sulph.

Discharges, transparent. Alum. Crotal. hor. Ferr. mur. Graph. Kali hyd. Magn. sulph. Mang. Nat. mur. Phos. Puls. Sabad. *Sep.* Sil. Stann. Sulph. ac.

Discharges, yellow. *Acon.* Agn. *Alum.* Amb. Amm. c. Amm. mur. Anac. Ang. Ant. crud. Arg. fol. *Ars.* Aur. fol. Bar. c. Bell. *Berb.* Bov. Bry. Calc. c. *Cann. sat. Canth. Caps. Carbo an.* Carbo veg. Caust. *Cham. Cic.* Clem. Con. Croc. *Dros.* Dulc. *Eugen.* Gran. *Graph. Hep. Iod. Kali c.* Kreas. Lach. Lyc. Magn. c. Magn. mur. Magn. sulph. Mang. Merc. sol. Mez. Mur. ac. Nat. c.

Nat. mur. NITR. AC. NUX VOM. PHOS. Phos. ac. PULS. Rhus tox. Ruta. Sabad. Sabin. Sec. *Selen.* Seneg. SEP. SIL. *Spig.* STANN. Staph. SULPH. Sulph. ac. *Thuj.* Verat. alb. Viol. tr.

DISCHARGES, watery. *Agar.* Alum. Ambr. *Amm. c. Amm. mur.* Ant. crud. Arg. fol. *Ars.* Asar. Bell. *Bov.* Calc. c. Cann. sat. *Carbo an.* CARBO VEG. CHAM. *Chin.* Clem. Coff. Con. GRAPH. *Guaj.* Ign. Iod. Kali hyd. Kreas. LACH. *Magn. c.* MAGN. MUR. Mang. MERC. SOL. *Mez.* Murex. *Mur. ac. Nux v.* Paris. Phos. *Plumb. met. Puls.* Ranunc. scel. Rhus tox. Seneg. *Sep. Sil. Squill.* Stann. Staph. SULPH. Sulph. ac. Thuj.

DISCHARGES, white. Ambr. Asar. BELL. Borax. Bov. CALC. C. Canth. *Carbo veg.* Caust. Colch. *Con.* Ferr. met. Graph. Grat. Hell. Kreas. Lyc. Magn. c. *Merc. sol.* Nat. mur. Nux v. Oleum an. *Phos.* PULS. Ratanh. Sabin. Sep. SIL. Sulph ac. Tab. Tart. e.

DISCHARGE staining linen black. Bry.

DISCOLORATION, dirty color of skin in general. Ant. crud. Ars. Bry. Ferr. met. Iod. Merc. sol. Phos. Plumb. met. Sec. Vip. torv.

DOTS, SMALL, RED, on eyelids and hands; on neck covered with whitish scales. Hydrocotyle.

DRYNESS OF SKIN in general. ACON. Alum. Ambr. *Amm. c.* Anac. Amt. crud. Arg. fol. *Arn.* ARS. *Ars. iod.* Asaf. Bar. c. BELL. Bism. Borax. BRY. CALC. C. Camph. *Cann. sat.* Canth. Carbo an. Carbo veg. Caust. CHAM. CHIN. Chin. sulph. Clem. Cocc. COFF. COLCH. Coloc. Con. DULC. Ferr. met. GRAPH. Hell. Hep. Hydrocotyle. HYOSC. Ign. IOD. Ipec. KALI C. Kreas. Lach. Lauro. Led. *Lyc.* Magn. aus. Magn. c. Mang. Merc. sol. Mez. Murex. Mur. ac. NAT. C. Nat. mur. NITR. AC. NUX MOSCH. Nux v. *Oleand.* Op. Paris. PHOS. *Phos. ac.* *Plat.* Plumb.

met. *Puls.* Ranunc. bulb. Ranunc. scel. *Rhus tox.* Ruta. Sabad. Samb. *Sec. Seneg.* Sep. *Sil. Spig. Spong.* Squill. *Staph.* Stram. SULPH. Sulph. ac. Tart. e. Teucr. Val. *Verb. Viol. ad.* Viol. tr.

DRY, PARCHED SKIN. CALC. c. HYOSC. IOD. Kali c. Magn. c. Nat. c. Sec.

DRY SKIN, LIKE PARCHMENT. ARS. *Ars. iod. Chin.* Chin. sulph. Dulc. Kali c. Led. LYC. Phos. *Sil.* Squill.

DRY, BRITTLE SKIN. HYOSC. Nat. c. Sec.

DRY SKIN ON EARS. Graph. Nitr. ac. Petr.

DRY SKIN ON HANDS. *Anac. Bar. c.* Bism. Ferr. met. *Hep.* Lach. LYC. *Nat. c. Nat. mur.* Phos. *Phos. ac. Sabad. Sulph.* Tax. Thuj.

DRY SKIN ON FINGERS. Anac. *Sil.* Tart. e.

ECCHYMOSES (in general). ARN. Bellis peren. Bry. Calc. c. Cham. Chin. *Con.* Crotal. hor. Dulc. Electr. Euphras. Ferr. met. Hep. Lach. Lauro. Nat. c. Nat. mur. NUX V. Paris. Plumb. met. *Puls.* Rhus tox. *Ruta.* Sec. SULPH. SULPH. AC. Verb. hast.

ECZEMA ON SCALP. ARS. Borax. Brom. *Calc. c. Graph. Iris vers. Lappa. maj.* Lyc. SULPH. *Vinca min.*

ECZEMA ALONG EDGES of scalp. Hydras. Nat. mur. Nitr. ac.

ECZEMA begins on the back of the head. Lyc.

ECZEMA around margins of hair from ear to ear, posteriorly. Sulph.

ECZEMA on face. Ars. Bell. Borax. Cic. Croton tig. Cycl. Graph. Hep. Iris vers. Lappa maj. Lyc. Merc. sol. Rhus tox. Sep.

ECZEMA, especially on *left* SIDE OF *face*, on chin and behind ears; thick crusts, raw surfaces, and deep rhagades. Graph.

ECZEMA on head, moist, bad-smelling, grayish-white

crust; most of hair gone, and eruption extending to the face. Lappa maj.

Eczema in internal ear. Nitr. ac.

Eczema of Head, raw, inflamed, scurfy, discharging a corrosive fluid, which eats among the hair. Nat. mur.

Eczema Capitis, with profuse oozing, as of a dirty, nasty-smelling discharge; scalp covered, as with a cap. Brom.

Eczema of scalp, with moist scabs and engorged glands in the neck. Hell.

Eczema on arms. Mez. Phos. *Sil.*

Eczema on forearms. Graph.

Eczema on hands. Ars. Graph. Lyc. Mez. Phos.

Eczema on *left* hand. Ars.

Eczema on fingers of right hand. Lyc.

Eczema on fingers (in general). Lyc. Sil. Staph.

Eczema in bends of extremities. Amm. c. Bry. Graph. Led. Merc. sol. Sep. Sulph.

Eczema of extremities, marginatum, and impetiginoides. Sulph.

Eczema on inner surface of thighs after vaccination. Rhus tox.

Eczema on the legs. Ars. Carbo veg. Graph. Lach. Lyc. Merc. sol. Nat. mur. Sulph.

Eczema on calves of legs. Graph.

Eczema, moist, on genitals. Petr. Rhus tox.

Eczema on genitals. Arg. nit. Ars. Calad. Croton tig. Graph. Hep. Lyc. Nat. mur. Nitr. ac. Petr. Rhus tox. Sep. Sulph. Thuj.

Eczema Rubrum; small blisters in the axillæ suddenly, and emit a discharge which colors the linen a greenish-yellow. Nux jug.

Eczema, bleeds easily and is covered with thick crusts, with fetid secretion beneath. Lyc.

Eczema, yellow crusts, and inflamed surroundings after scratching. Merc. sol.

Eczema, with thick moist crusts. Rhus tox.

Eczema, yellow acrid moisture oozes from under the crusts; when the surface is denuded of these, new vesicles at once form, and soon burst, forming a crust as before. Staph.

Eczema, vesicles smaller and flatter than mercurial eczema. Copaiv.

Eczema, with pimples, crusts, and easily bleeding surface. Sulph.

Eczema, transparent glutinous discharge, forming crusts. Graph.

Eczema, with purulent secretion. Clem. Graph. Hep. Lappa maj. Lyc. Nat. mur. Nitr. ac. Sulph.

Efflorescence of vividly red spots on abdomen and legs. Origan. vulg.

Elevations, small, hot, red, whose tips become white and scaly, on left arm, elbow, and nates. Merc. sol.

Elevations, small, round, colorless. Op.

Elevations, red, tuberculoid, and inflamed. Rhus rad.

Elevations, small, dark-red; on backs of hands, covered with scabs, beneath which are pus. Sulph. ac.

Eruptions, Blackish. Ant. crud. Ars. Asaf. Bell. Bry. Chin. Con. *Crotal. hor.* Electr. Lach. Mur. ac. Nitr. ac. Rhus tox. *Sec.* Sep. *Sil.* Spig. Vip. red.

Eruptions, Brownish. Cann. sat. *Nitr. ac.* Phos. Phos. ac.

Eruptions, close-grained, dense. Agar. Carbo veg. Copaiv. Sep. Squill. Thuj.

Eruptions, Confluent. Agar. Ant. crud. Cic. Copaiv. Hyosc. Phos. ac. Rhus tox. Tart. e. Val.

Eruption, copper-colored. Alum. *Ars.* Calc. c. Cann. sat. *Carbo an.* Carbo veg. Corall. *Kreas.* Led. *Mez.* Phos. *Rhus tox.* Ruta. Syphil. Verat. alb.

Eruption on covered parts. Led. Thuj.

Eruption, Dry. Alum. Ars. Ars. iod. *Bar. c.*

Bov. Bry. Calc. c. Carbo veg. Caust. Clem. Cocc. *Cupr. met.* Dolich. *Dulc.* Evon. *Graph.* Grara. trich. Hyosc. Kreas. Kali bich. Led. Lyc. Magn. c. Merc. sol. Mez. Nat. c. Nat. mur. Paris. *Petr. Phos.* Phos. ac. Plant. maj. Psor. Rhus tox. Sarsap. Sep. Sil. Stann. Staph. . Sulph. Teucr. Val. Verat. alb. *Viol. tr.* Zinc. met.

Eruption, copper-colored, about mouth and chin. Verat. alb.

Eruption, dry and scaly, on lower lip. Plant. maj.

Eruption, dry, on arms and legs, like *zona.* Dolich.

Eruptive Fevers. Acon. Bell. Verat. virid.

Eruption, fiery, red, like nettlerash. Acon.

Eruption, fine, around eyes and nose. Euphras.

Eruption, fine, like sand, in bends of knees. Ars.

Eruption, fine, on forearms and wrists, backs of hands, between the fingers, and on scrotum and ankles. Rhus vene.

Eruption, fiery, scarlet all over, or consisting of small vesicles, with red areola. Sulph.

Eruption, as if excoriated. Graph. Lyc.

Eruption, fine. Agar. Alum. *Ars.* Bell. Bry. Carbo veg. Caust. Clem. Cocc. Con. Dulc. Graph. Hep. Iod. Ipec. Kreas. Led. Merc. sol. Mez. Nat. mur. Nitr. ac. Nux v. Paris. Phos. Phos. ac. Puls. Rhus tox. Sarsap. Sulph. Val. Zinc. met.

Eruption, fiery red. Acon. Bell. Stram. *Sulph.*

Eruption, Flat. *Amm. c.* Ang. *Ant. crud. Ars. Asaf. Bell.* Carbo an. Euphorb. *Lach. Lyc.* Merc. sol. Nat. c. Nitr. ac. Petr. Phos. *Phos. ac.* Puls. Ranunc. bulb. *Selen. Sep. Sil.* Staph. Sulph. Tart. e. Thuj.

Eruption, Granular. Amm. c. Ars. *Carbo veg.* Graph. *Hep.* Nat. mur. Phos. Tabac. Zinc. met.

Eruption, grape-shaped. Agar. Calc. c. Rhus tox. Staph. Verat. alb.

Eruption on hairy parts. Kali c. Lyc. *Merc. sol.* Nat. mur. Nitr. ac. Phos. ac. Rhus tox.

Eruption, Hard. Ant. crud. Aur. fol. Mez. Ranunc. bulb. Rhus rad. Rhus tox. Spig. Val.

Eruption, Herpetic. Amm. c. *Anac.* Aur. mur. Chin. Dolich. Ipec. Menisp. can. Rhus tox. Sep. Staph.

Eruptions, Humid. Alum. Ars. Bar. c. Bell. *Bov.* Bry. Calc. c. Carbo an. Carbo veg. Caust. *Cic. Clem.* Con. Dulc. Graph. Grat. Hell. Hep. Kali c. Kreas. Lach. Led. Lyc. Merc. sol. Mez. Nat. c. Nat. mur. Nitr. ac. Oleand. Petr. Phos. Phos. ac. Rhus tox. Ruta. Sabin. *Selen.* Sep. Sil. Squill. Staph. Sulph. Sulph. ac. Thuj. Viol. tr.

Eruptions, Inflamed. Ars. Calc. c.

Eruptions, Miliary. Agar. Ailanth. Amm. c. Amm. mur. Anath. muric. Ant. crud. Ars. Cham. Chel. Clem. Cocc. Coff. Electr. Galvan. Hell. Hyosc. Hura bras. Ipec. Kali chl. Kreas. Led. Mez. Nat. mur. Nitr. ac. Nux v. Paris. Sang. Sarsap. Sec. Selen. Staph. Tart. e. Tax. Val. Verat. alb.

Eruptions, Obstinate. Alum. Amm. c. Bar. c. Borax. Calc. c. Carbo veg. Caust. *Cham.* Chel. *Clem. Con.* Croc. Euphorb. Graph. Hell. Hep. Kali c. Lach. Lyc. Magn. c. Mang. Merc. sol. Mur. ac. *Nat. c. Nitr. ac.* Nux v. Oleand. Paris. Petr. Phos. Phos. ac. Plumb. *Rhus tox.* Sep. Sil. Squill. Staph. Sulph. Tar. *Viol. tr.* Zinc. met.

Eruption, Miliary, White. Agar. Nux v.

Eruption, Miliary, on forearms. Selen. Tar. Tart. e.

Eruption, Miliary, face and joints. Hura bras.

Eruption, Miliary, on wrists. Led.

Eruption, Pale. Ars.

Eruption, Purulent. Ant. crud. Ars. Bell. Cic. *Clem.* Cocc. Con Cycl. *Dulc.* Euphras. Hep. Iris vers. Kali c Led. *Lyc.* Magn. c. *Merc. sol. Nat. c.*

Nat. mur. Petr. Plumb. Puls. Rhus tox. Samb. Sarsap. Sec. *Sep.* Sil. Spig. *Staph.* Sulph. Tar. Tart. e. Thuj. Verat. alb. Viol. od. Viol. tr. Zinc. met.

Eruption, Raised. Ars. Asaf. Calc. c. Caust. Chel. Copaiv. Dulc. Lach. Merc. sol. Mez. Nux v. Op. Phos. Sulph. Tab. Tar. Val.

Eruptions, Red. Acon. Agar. Agn. Alum. Amb. Amm. c. Amm. mur. Anath. muric. Ant. crud. Arn. Ars. Aur. fol. Bar. c. *Bell.* Bov. Bry. Calad. *Calc. c.* Cann. sat. Canth. Caps. Carbo an. Carbo veg. Caust. Cham. Chin. Cic. Clem. *Cocc.* Coff. Con. Croc. Croton tig. Cupr. met. *Cycl.* Dros. Dulc. *Graph.* Hep. Hyosc. Iod. Ipec. Kali c. Kreas. Lach. *Led.* Lyc. Magn. arc. *Magn. c.* Magn. mur. Merc. sol. Mez. Nat. c. Nat. mur. *Nitr. ac.* Nux v. Op. Paris. Petr. Phos. *Phos. ac.* Plant. maj. Plumb. met. Puls. Rhodo. Rhus rad. *Rhus tox.* Ruta. *Sabad.* Sec. Sep. *Sil.* Spong. Stann. Staph. Stram. Sulph. Sulph. ac. Sab. Tart. e. Tax. Teucr. Val. Verat. alb. Vip. torv. Zinc. met.

Eruptions, Reddish, on penis. Petr.

Eruption of small red papillæ. Magn. mur.

Eruption, Red, on palms of hands. Magn. arc.

Eruption, humid, bad smelling, with much vermin on head, face, and behind ears. Vinca min.

Eruptions, dark-blue, or red, on back, legs, and ankles. Puls. nutt.

Eruptions, dark-red (or bright), lentil-sized. Copaiv.

Eruptions, Scaly. Agar. Ailanth. Amm. c. Amm. mur. Anac. Ant. crud. Ars. Ars. iod. *Aur. fol.* Bar. c. Bar. mur. Bell. Coc. Clem. Cupr. met. Dulc. Graph. *Hep.* Hyosc. Kali c. *Led.* Magn. c. Merc. sol. Nat. c. Oleand. Phos. Plant. maj. Plumb. met. Rhus tox. Sep. Staph. *Sulph.*

ERUPTION on affected knee, scarlet and spreading all over. Tereb.

ERUPTION, scarlet-red, over neck, chest, arms, and legs. Galvan.

ERUPTION, red, scaly, on body as far as abdomen. Bell.

ERUPTION, suppurating, ulcerated. Ars. Caps. Carbo an. Chin. Cocc. Commoc. dent. Grat. Graph. Iris vers. Hep. Squill. Syphil.

ERUPTION, suppressed, receding. Apis. Cupr. acet. Cupr. met. Dulc. Gelsem. Ipec. Phos. Psor. Puls. Sulph.

ERUPTION, in scarlet band, about three inches wide, around waist like zona. Polygon. punct.

ERUPTION, scaly, on lips, backs of hands and fingers. Mur. ac.

ERUPTIONS, SYPHILITIC. Iris vers. Kali chl. Kali hyd. Syphil.

ERUPTION, like sycosis on vulva. Anath. muric.

ERUPTION on scalp, suppurating. Ars. Cic. Clem. Graph. Hep. Lappa maj. Vinc. min.

ERUPTIONS after vaccination. Sil. Sulph.

ERUPTIONS, whitish. Agar. Anath. muric. Ant. crud. Ars. Borax. Bov. Bry. Ipec. Merc. sol. Phos. *Puls.* Sulph. Tart. e. Thuj. Val. Zinc met.

ERUPTIONS, yellowish. *Agar.* Ant. crud. Ars. Aur. fol. Bar. c. Bar. mur. Coc. Croc. Cupr. met. *Euphorb.* Hell. Kreas. Led. Lyc. MERC. SOL. *Nat. c. Nitr. ac.* Paris. Phos. ac. Sep. Val.

ERUPTIONS, like a zone. Ars. Bry. Cham. *Graph. Merc. sol.* Nat. c. *Puls.* Rhus tox. Selen. *Sil.* Sulph.

ERUPTION on head. Ars. *Bar. c.* Bar. mur. CALC. C. *Carbo an.* Cic. *Clem.* LYC. MERC. SOL. OLEAND. PETR. *Rhus tox. Ruta.* Spig. *Staph.*

ERUPTION on and about eyes. *Ars.* Calc. c. CAUST. Con. *Euphras.* Graph. Hell. *Hep.* Ign. KALI C.

Merc. sol. Oleand. Paris. Petr. Rhus tox. *Selen.* Seneg. Sep. Sil. Spong. Staph. Sulph. Thuj.

Eruptions in eyebrows. Clem. Cupr. met. Guaj. Kali c. Paris. Selen. Sil. Spong. Stann. Tarax.

Eruptions on ears. Amm. c. Ant. crud. Bar. c. Bov. Calc. c. Chin. Cic. Kali c. Mez. Mosch. Mur. ac. Nat. mur. Petr. Phos. Puls. Sep. Sil. Spong. Staph. Sulph.

Eruptions, vesicular, on ears. Still. sylv.

Eruptions on lobes of ears. Sarsap. Teucr.

Eruptions behind ears. Ant. crud. Bar. c. Calc c. Canth. Chin. Cic. Graph. *Hep.* Mez. Oleand. Puls. Sabad. Selen. Sil. *Staph.* Vinc. min.

Eruptions on and about the nose. Alum. Ant. crud. Aur. fol. Calc. c. Canth. Carbo veg. Caps. Caust. Chin. Crot. tig. Iris vers. Graph. Nat. c. Rhus tox. Sarsap. Spig. Spong. Tar.

Eruptions on wing of nose. Carbo veg. Can. Dulc. Euphras. Nat. c. Petr. Rhus tox. Sil. Thuj. Verat. alb.

Eruptions on tip of nose. Carbo an. Carbo veg. *Caust.* Nitr. ac. Phos. ac. *Sep.* Sil. Spong.

Eruptions in the corners of the nose. Anac. Dulc. Euphras. Mang. Plumb. met. Rhus tox. Thuj.

Eruptions under nose (on septum narium). Arn. Bar. c. Bov. Caps. Crotal. hor. Squill. Teucr.

Eruptions on face. Agar. Agn. Alum. Ailanth. Amb. Amm. c. Amm. mur. Ant. crud. Arg. Arn. Ars. Aur. fol. Bar. c. Bell. Borax. Bov. Bry. Calc. c. Calend. Cann. sat. Canth. Caps. Carbo an. Carbo veg. Caust. Cham. Chel. Cicu. Clem. Cocc. Colch. Con. Crotal. hor. Dig. Dulc. Electr. Euphorb. Ferr. met. Gelsem. Graph. Heil. Hep. Hura bras. Hydrocotyle. Hyosc. Ign. Iris vers. Kali bich. Kali c. Kreas. Lach. Lappa maj. Lauro. Lyc. Magn. c. Magn. mur. Magn. sulph. Mang.

Merc. sol. Mur. ac. Nat. c. Nat. mur. Nitr. ac. Nux v. Oleand. Paris. Petr. Phos. Phos. ac. Puls. Plant. maj. Psor. Rhus tox. Ruta. Sabad. Sabin. Sarsap. Selen. Sep. Sil. Spong. Staph. Stront. Sulph. Sulph. ac. Tar. Thuj. Verat. alb. Viol. tr. Vinc. min. Zinc. met.

Eruptions about and on lips and mouth. Ars. Bov. Calc. c. Caps. Carbo veg. Cann. sat. Chin. Chin. sulph. Dig. Electr. Graph. Hell. Hep. Ipec. Iris vers. Lach. Lauro. Lyc. Mez. Mur. ac. Nat. c. Nat. mur. Nicc. Nitr. ac. Petr. Phos. *Phos. ac.* Sep. Sil. Spong. Squill. Sulph. Tab.

Eruptions at corners of mouth. Amm. mur. Ant. crud. Bell. Calc. c. Cann. sat. Canth. Carbo veg. Graph. Hep. Ign. Iris vers. Merc. sol. Nat. c. Nitr. ac. Petr. Rhodo. Rhus tox. Sep. Tar. *Verat. alb.*

Eruptions on cheeks. Amb. Ant. crud. Cham. Dulc. Iris vers.

Eruption, humid, on face; dry or moist, fetid scurfs on face. Psor.

Eruption of small granules across forehead. Rhus rad.

Eruption, humid, around nose and mouth. Nat. c.

Eruption, pustulous, on face, around nose and lips, and on the cheeks, secreting a sanious irritating pus. Iris vers. Hydrocotyle.

Eruption (eczematous) on chin, with yellow scurf like dried honey. Cic.

Eruption on upper lip. Phytol.

Eruptions on chin. Agn. Alum. Ambr. Amm. c. Anac. Ant. crud. Bell. Borax. *Bov.* Calc. c. Canth. Caust. *Chel.* Coc. Clem. Con. Dig. Dulc. Graph. Hep. Hyosc. Kali c. *Lach. Lyc.* Magn. arc. Magn. aus. Magn. c. Merc. sol. Mez. Nat. c. Nat. mur. Nitr. ac. Nux mosch. Nux v. Oleand. Paris. Phos. Phos. ac. Plat. Puls. Rhus tox. Sabin. Sarsap.

Sep. Sil. Spig. Spong. Squill. Sulph. Tar. Thuj. Verat. alb. Verb. Zinc met.

ERUPTION on abdomen. Bell. Bry. Hydrocotyle. Merc. sol.

ERUPTION in anal region. Calc c. Carbo veg. Ipec. Lyc.

ERUPTION on genitals (in general). Graph. Nux v. Rhus tox. *Sep.* Sulph. Tart. e.

ERUPTION on glans penis. Petr. Sep.

ERUPTION on scrotum, humid. Graph. Rhus tox.

ERUPTION on scrotum, prepuce, glans penis, eyelids, arms, and hands; with swelling of the parts and small yellow vesicles, which became confluent and moist, the larger suppurating and the smaller degenerating. Rhus tox.

ERUPTION on mons veneris. Sil.

ERUPTION, humid, on inner labia, with swelling. Sep.

ERUPTION on labia. *Bry.* Nux v. *Sep.* Tart. e.

ERUPTION on prepuce. Merc. sol. Rhus tox.

ERUPTION on chest. Kali c. *Led. Lyc. Merc. sol.* Mez. *Rhus tox. Sec.* Staph. Tereb. Val.

ERUPTION on back. Alum. Ant. crud. Ars. Bar. c. Bry. Carbo veg. *Cinnab.* Lach. Led. Lyc. Magn. aus. Merc. sol. Nat. mur. Puls. nutt. Sep. Squill. Staph. Tabac. Tart. e.

ERUPTION on shoulders. Alum. Ars. Berb.

ERUPTION on loins. Clem. Rhus tox.

ERUPTION on scapulæ. Ant. crud. Caust. Lach. Phos. ac.

ERUPTION on neck. Bry. Carbo an. Carbo veg. Caust. Cham. Clem. Lappa maj. Lyc. Petr. Sec.

ERUPTION on arms (in general). Alum. Berb. Bry. *Carbo an.* CAUST. Lach. Led. Lyc. Merc. sol. Phos. Rhus tox. Sabin. Tart. e. Tax. Val. Zinc met.

ERUPTION, pustular, on the arms. Still. sylv. Tart e.

ERUPTION on forearm. Bry. Carbo an. Caust. Lach. Lyc. Rhus tox. Tar. Tart e. Val. Zinc. met.

ERUPTION on upper arm. Led. Vip. torv.

ERUPTION on elbow. *Merc. sol.* Phos. Sabin. Zinc. met.

ERUPTION on hands. Alum. Ars. CARBO VEG. Dig. Hep. Ipec. MERC. SOL. *Mur. ac.* *Nitr. ac.* Rhus tox. Spig. *Sulph.* Sulph. ac.

ERUPTION, papular, on back of hands and wrists. Cimicif. Coca. Hep.

ERUPTION on fingers. Caust. Corall. Galvan. Graph. Mez.

ERUPTION, ulcerated, at finger joints. Mez.

ERUPTION, like scabies, on finger tips. Sil.

ERUPTION on hips and nates. Borax. Nat. c. *Sulph.*

ERUPTION on thighs. Alum. Calc. c. Cann. sat. Caust. Merc. sol. Nux v.

ERUPTION on knees. Anac. Ant. crud. Bry. Carbo veg. Kali c. *Led.* Merc. sol. Nux v. Tereb.

ERUPTIONS on legs. Agar. Petr. Rhus tox.

ERUPTIONS on feet. Carbo an. *Graph.* *Led.* Rhus tox. Sulph. Tereb.

ERUPTION, vesicular, on lower limbs. Merc. sol.

ERUPTION on both thighs, especially inner surface, with discharge of burning water after scratching. Merc. sol.

ERUPTION on body and extremities. Ailanth.

ERUPTION between toes. Petr.

ERUPTION, vesicular, below ankles. Graph.

ERUPTIONS, papular, on forearms, lasting a few days, and frequently recurring; also, small pustules, which die away without breaking. Kali bich.

ERUPTION, papulous, all over, but especially on neck and shoulders. Kali hyd.

ERUPTION (like "rot" in sheep) on chest and arms, with desquamation. Led.

ERUPTION, PAPULOUS. Cimicif. Coca. Gelsem. Kali hyd.

Eruption, with corrosive, serous discharge. Graph. Grat. Iris vers.

Eruption, tuberculous. Oleand. Petr.

Eruption, violet-hued. Ailanth. Caff. Chlor. Copaiv.

Eruption, crusty, with white scabs, bleeding when touched. Mez.

Eruptions, all over, not elevated, but can be felt on skin, discharging pus; pustules discharge ichor and leave pocks of a lardaceous, coppery hue, covering eyes and making patient blind. Syphil.

Eruptions, humid, with corrosive ichor, swelling and redness of the parts. Clem. Graph.

Eruption, dark, sends dampness, which dries into crusts. Clem.

Eruptions, mixed with petechiæ. Ars. Sec.

Eruption, all over, vesicular, with red spots. Hura bras.

Eruptions, with gangrene. Ars. Ranunc. bulb. Ranunc. sceler. Sec. Tax.

Eruption appears too early or suddenly. Ars.

Eruption, dry, size of pin's head, with hollow tip, leaving red spots when scratched open, on forehead, arms, and abdomen. Caust.

Eruptions, Vesicular. Acon. Canth. Carbol. ac. Clem. Commoc. dent. Dulc. Grara. trich. Hura bras. Hydrocotyle. Juglans cin. Kali bich. Merc. sol. Rhus tox. Rhus vene. Rumex. Still. sylv. Sulph. Tereb.

Eruptions, Pustular. Anath. muric. Ant. crud. Apis. Carbol. ac. Commoc. dent. Cundur. Hydrocotyle. Iris vers. Mang. Magn. mur. Still. sylv. Syphil. Tart. e. Variol.

Eruption from wearing flannel. Rumex.

Eruption in five stages, redness, vesicles, pustules, desiccation, and desquamation. Crotal. hor.

Eruption, Bulbous. Alum.

Eruption, consisting of large maculæ and bullæ, filled with dark serum. Ailanth.

Eruptions, pustular and confluent. Anath. muric. Apis. Tart. e. Thuj. Variol.

Eruption, with œdematous swelling during desquamation. Apis.

Eruptions, Tardy. Ailanth. *Bry.* Ipec.

Eruption, Sanguineous (in general). Arn. Ars. Aur. fol. Bell. Berb. Bry. Calc. c. Canth. Carbo an. Carbo veg. Cham. Chin. Clem. Cocc. Con. Crotal. hor. Dulc. Electr. Euphras. Ferr. met. Hep. Hyosc. Kreas. Lach. Lauro. Led. Lyc. Merc. sol. Nat. mur. Nitr. ac. Nux mosch. *Nux v.* Paris. Plumb. met. Phos. Puls. Rhus tox. Ruta. Sec. Sep. Sil. Stram. Staph. Sulph. Sulph ac. Tart. e. Thuj.

Eruption, sanguineous, on head. Ars.

Eruption, sanguineous, on eyes. Calc. c. Nux. v.

Eruption, sanguineous, on nose, and face, and lips. Nat. mur. Sep. Stram.

Eruption, sanguineous, on arms and hands. Berb. Sec.

Eruption, sanguineous, on lower limbs. Phos.

Erysipelas, with gangrene. Acon. Apis. Ars. *Bell.* Camph. Chin. *Chin. sulph.* Hyosc. Lach. Mur. ac. Rhus tox. *Sabin. Sec.* Sil.

Erysipelas, Hard, and in very herpetic subjects. Sulph.

Erysipelas, highly inflamed. Acon. *Ars.* Bell. *Borax.* Bry. Camph. Cham. Hep. Lach. Merc. sol. Petr. Phos. Puls. Rhus tox. Sabad. Sulph. Zinc. met.

Erysipelas, with transparent glutinous exudation; erysipelas in streaks. Graph.

Erysipelas, with swelling. *Acon.* Amm. c. Apis. *Arn. Ars.* Bell. Bry. *Calc. c.* Canth. Carbo veg. Caust. *Chin.* Euphorb. Hell. *Hep. Kali c. Lyc.* Magn. c. Merc. sol. Rhus venen. Ruta. Samb. Sarsap. Sep. Sil. *Sulph.* Thuj. Zinc. met.

Erysipelas, Vesicular. *Ars.* *Bell.* Cist. Croton tig. *Euphorb.* *Graph.* Hep. *Lach.* Phos. *Puls.* Ranunc. bulb. Ranunc. scel. Rhus tox. Rhus vene. Sep. Sulph. Urtica.

Erysipelas, zone-shaped. Ars. Graph. Puls. Rhus tox.

Erysipelas, with redness, swelling, and gangrene. Apis. Ars.

Erysipelas, suppressed. Phos. ac.

Erysipelas, with vomiting, on arm. Vip. torv.

Erysipelas of ears (in general). Lach. Meph. Urtica.

Erysipelas of ear, with heat, redness, and blisters. Meph.

Erysipelas, Vesicular, of lips, nose, and ears, with swelling; eyelids closed and œdematous; small, transparent vesicles filled with serum. Urtica.

Erysipelas of nose. Canth. Plumb. met.

Erysipelas of face. Apis. Bell. Borax. Calc. Camph. Canth. *Carbo an.* Cham. Cist. Crotal. hor. Croton tig. Euphorb. Gins. Graph. Gymnoc. can. Hep. Hydrast. Lach. Lyc. Nitr. ac. Puls. *Rhus rad.* Rhus tox. Rhus vene. Ruta. Sep. Stram. Sulph.

Erysipelas, with swelling of cheek. Calc. acet.

Erysipelas of face, with swelling and desquamation. Puls.

Erysipelas of *one side* of face. Stram.

Erysipelas, œdematous and indented eyelid covering eye, and large water-blisters on chin. Croton tig.

Erysipelas under *left* eye, with pimples, vesicles, and rhagades. Lach.

Erysipelas on abdomen. Graph. Merc. sol.

Erysipelas near navel with large vesicles. Graph.

Erysipelas, spreading from back around abdomen. Merc. sol.

Erysipelas on mammæ. Cham. Phos. Plant. maj. Phytol. *Sulph.*

ERYSIPELAS on back. Cist. Graph. Merc. sol. Rhus tox.

ERYSIPELAS on arms. Lach. Lyc. Petr. Rhus tox.

ERYSIPELAS at elbow, with corrosive oozing. Lach.

ERYSIPELAS of forearm. Lyc.

ERYSIPELAS of hands. Graph. Rhodo. Ruta.

ERYSIPELAS of fingers. Thuj.

ERYSIPELAS of lower limbs. Borax. *Calc. c. Hep. Puls.* Sulph. Zinc. met.

ERYSIPELAS of feet. Puls. Rhus tox. Sulph. Zinc. met.

ERYSIPELAS, excoriating and spreading. Euphorb.

ERYTHEMA, papulous, from sunshine. Acon. Camph. Canth.

ERYTHEMA, papulous (idiopathic). Sulph. Tereb.

ERYTHEMA, pustulous. Arg. nit.

ERYTHEMA nodosum. Sulph. Sulph. ac.

ERYTHEMA, with vesication. Verat. virid.

ERYTHEMA, with rash-like vesicles. Croton tig.

ERYTHEMA of scalp. Puls. nutt.

ERYTHEMA, bright red or bluish, permanent under pressure, mottled with livid patches and deep red spots. Chloral.

ERYTHEMA of face and neck. Gelsem.

ERYTHEMA on right cheek, wings of nose and chin, followed by chapping. Gins.

ERYTHEMA of face. Gels. Juglans cin. Hydrocotyle.

ERYTHEMA, spreading from genitals all over. Merc dulc.

ERYTHEMA and rash, on face, chest, back, arms, and thighs. Hydrocotyle.

ERYTHEMATOUS PATCHES, size of a pea, red, rough, scaly, on the face, especially the left side. Plant. maj.

ERYTHEMATOUS swelling of nose. Kali brom.

EXANTHEMATA, spreading from pit of stomach over abdomen and chest. Merc. viv.

Excrescences (in general). Acon. Agar. Agn. Alum. Ambr. Amm. c. Ant. crud. Arn. Ars. *Aur. fol.* Bell. Bry. Calc. c. Carbo an. Carbo veg. Caust. Cic. Clem. Cocc. Colch. Dig. Euphras. Graph. *Hep. Iod.* Kali c. Kreas. *Lach.* Lyc. Magn. aus. Mang. Merc. sol. Mez. Nat. c. *Nat. mur.* Nitr. ac. *Nux v.* Petr. *Phos.* Phos. ac. *Plumb. met.* Puls. Ranunc. bulb. Rhodo. *Rhus tox.* Sabad. *Sabin.* Selen. Sep. Sil. Spong. Stann. Staph. Sulph. Sulph. ac. *Tart. e.* Thuj. Zinc. met.

Excrescences on glans penis, small, flesh-colored, emitting a fetid humor and bleeding when touched. Nitr. ac.

Excrescences on second toe, wart-shaped, leaving a white cicatrix. Spig.

Excrescences on inner surface of prepuce, like fig-warts, red ; also, *smooth*, *red*, behind glans penis, under prepuce. Thuj.

Excrescences, Fleshy. Nitr. ac. Staph. Thuj.

Excrescences, Horny. Ant. crud. *Ranunc. bulb.* Sulph.

Excrescences, Humid. Nitr. ac.

Excrescences on genitals. Cinnab. Euphras. *Lyc.* Magn. ars. *Nitr. ac.* Phos. ac. *Sabin.* Staph. *Thuj.*

Excrescences on soles of feet. Ant. crud. Puls.

Excrescences on toes. Ant. crud. Spig.

Felons, superficial, inflammation of nail root. Graph. Nat. Sulph.

Felons with proud flesh. Lach. Sil.

Felons from external hurts. Led.

Felons, inflammation extending to sheaths of tendons and ligaments of joints. Merc. sol.

Felons, with erysipelatous redness. Nat. sulph. Rhus tox.

Felons, with deep-seated inflammation and bone affection. Sil.

Felons at root of nails, with swelling of whole phalanx. Nat. Sulph.

Felons after Apis. Sulph.

Felons after Sulphur. Apis.

Freckles on face. Alum. Amm. c. Calc. c. Graph. Lyc. Mur. ac. Nat. c. Nux mosch. Sulph.

Freckles on chest. Nitr. ac. Sep.?

Freckles on lower limbs. Phos.

Fissures, Bleeding. Merc. sol. Nicc. c. Petr. Puls. Sarsap. Sulph.

Fissures, yellow and fetid. Merc. sol.

Fissures, ulcerated. Bry. Merc. sol.

Fissures after washing, working in water or getting wet. Ant. crud. Bry. Calc. c. Cham. Kali c. Lyc. Nitr. ac. Puls. Rhus tox. Sarsap. Sep. Sulph. Zinc. met.

Fissures in scalp. Ruta.

Fissures in nose. Ant. crud. Carbo an. Merc. sol.

Fissures about and on lips and mouth. Alum. Amm. c. Amm. mur. *Arn.* Ars. Arum triph. Bor. c. Bell. Berb. Bov. Bry. *Calc.* Canth. Caps. Carbo an. Carbo veg. Cham. Chin. Colch. Coral. Croc. Dros. Electr. Gins. Graph. Grat. Hep. Ign. Kali c. Kali hyd. Kreas. Magn. mur. Mang. Mez. Nat. mur. Nitr. ac. Oleum an. Paris. Petr. *Phos.* Phos. ac. Puls. Sabad. Selen. Squill. Staph. Sulph. Tabac. Tarax. Tart. e. Verat. alb. Sulph. Zinc. met.

Fissures on arms. Sil.

Fissures on hands. Alum. Bals. peru. Graph. Kali c. Kreas. Lach. *Magn. c. Merc. sol. Nat. c. Nat. mur. Nitr. ac.* Petr. Sil. Zinc. met.

Fissures on fingers. Bar. c. Kali c. Mang. Merc. sol. Petr. Phos. Zinc. met.

Fissures in joints of fingers. Mang. Phos. *Sulph.*

Fissures in soles of feet. Arsen.

Fissures in heels. Lyc.

Fissures in toes. Carbo an. *Lach.*

Fissures in feet in general. *Hep.*

Fungus Articularis after measles. Iod.

Fungus Hæmatodes on right breast, large as a peony, with profuse hæmorrhages. Lach.

Ganglia on hands. *Amm. c.* Magn. mur. *Phos. ac. Plumb. met.* Rhodo. Sil.

Ganglia on backs of hands. Sil. Zinc. met.

Ganglia on back of hand, between third and fourth metacarpal bones. Sil.

Ganglia on wrists. Amm. c. Aur. mur. *Carbo veg.*

Ganglia on feet. Ferr. mur.

Gangrene, humid. Chin. Chin. sulph. Hell. Phos. Vip. red.

Gangrene, hot. Acon. Ars. Bell. Mur. ac. Sabin. Sec.

Gangrene, cold. *Ars. Asaf.* Bell. Con. *Euphorb. Lach.* Merc. sol. *Plumb. met.* Ranunc. bulb. *Sec. Sil. Squill.* Sulph. Sulph. ac. Tart. e.

Gangrene in spots. Ars. Crotal. hor. *Cycl.* Hyosc.

Gangrene, Black, and on nose. Sec.

Gangrene of genitals. *Ars. Canth.* Lauro. Plumb. met. Sec.

Gangrene on arms. Hyosc. *Ranunc. bulb.* Sec.

Gangrene of lower limbs and feet. Sec.

Gangrene of feet. Ant. crud. Sec. Tart. e. Vip. torv.

Gangrene separated from flesh by putrid fluid, with black spots, red areola, and dark subadjacent tissues. Crotal. hor.

Glands, Blue. Arn. Ars. Aur. fol. Carbo an. Carbo veg. Con. Hep. Lach. Mang. Merc. sol. Puls. Sil. Sulph. ac.

Glands dwindling, withering. Ars. Cham. Chin. *Can.* Iod. Kali c. *Nitr. ac.* Nux mosch. Phos. ac. Sec. Sil. Verat. alb.

GLANDS, hard, indurated. *Agn.* Amb. Amm. c. Ant. crud. Arn. Ars. Aur. fol. BAR. c. Bar. mur. BELL. Bov. *Bry.* CALC. c. Camph. Cann. sat. Canth. Caps. CARBO AN. CARBO VEG. Caust. CHAM. Chin. CLEM. Cocc. Coloc. *Con.* Cupr. met. Cycl. Dig. DULC. Ferr. met. GRAPH. Hep. Hyos. Ign. IOD. Kali c. LYC. *Magn. mur.* Mang. Merc. sol. Nat. c. Nitr. ac. Nux v. PETR. Phos. Plumb. met. Puls. Rhodo. RHUS TOX. Sep. SIL. Spig. *Spong.* STAPH. *Sulph. Thuj.* Verat. alb.

GLANDS covered with herpes. Dulc. Graph.

GLANDS under lower jaw affected. AMM. c. Amm. mur. Arg. fol. Arn. ARS. Aur. fol. BAR. c. Bell. CALC. c. *Chin.* Cic. *Clem.* Croc. Corall. Crot. tig. Dulc. *Graph.* Ign. Iod. Kali c. Kreas. Led. *Lyc.* Magn. arc. Magn. aus. Magn. c. *Merc. sol.* Mez. Nat. c. NAT. MUR. *Nitr. ac.* PETR. Phos. Phos. ac. Puls. *Rhus tox.* Sep. SIL. Spong. Squill. Stann. STAPH. SULPH. AC. Verat. alb. Zinc. met.

GLANDS, INGUINAL, affected. Ars. *Aur. fol. Calc. c. Carbo veg.* Clem. DULC. *Graph.* Hep. Iod. Lyc. MERC. SOL. Nat. c. NITR. AC. Phos. Stann. Stram. STAPH. SULPH. Thuj. Tereb.

GLANDS of axilla affected. Amm. c. Amm. mur. Ars. Bar. c. BELL. Calc. c. *Carbo an.* Clem. Coloc. Cupr. met. *Hep.* Iod. *Kali c. Lyc. Nat. mur.* NITR. AC. *Phos.* Phos. ac. *Rhus tox. Sep.* SIL. Staph. SULPH. Sulph. ac.

GLANDS of neck affected. Alum. *Amm. c. Arn.* Bar. mur. BELL. CALC. c. Caps. CARBO AN. Carbo veg. *Caust.* Cinnab. *Cist.* Cupr. met. Electr. *Ferr. met. Graph.* Hell. Ign. *Kali c.* Kreas. *Lach.* LYC. *Magn. mur.* MERC. SOL. *Nat. c.* Nat. mur. NITR. AC. Phos. Puls. Selen. SIL. *Spig. Spong.* SULPH. Tart. e. Viol. tr.

GLANDS of nape of neck. Bar. c. Calc. c. Hell. Iod. Mur. ac. Petr. Phos. SIL. SULPH.

HERPES, BLEEDING. Dulc. Lyc.

HERPES, BROWN, and yellow-brown. Dulc. Lyc.

HERPES with rhagades. Graph. Lyc. Magn. ac. Nat. mur.

HERPES, DRY. Amm. c. Clem. Dolich. Dulc. Kali hyd. Kreas. LED. Merc. sol. Nicc. c. Nitr. ac. Phos. Phos. ac. Rhus tox. Staph. Sulph. Tax. Thuj. Verat. alb.

HERPES alternating with dysenteric stools and pains in the chest. Rhus tox.

HERPES, FURFURACEOUS. ARS. Bry. Dulc. Kreas. Led. Lyc. *Merc. sol. Phos.* Sulph.

HERPES, grayish-yellow. Sulph.

HERPES, HUMID. Alum. Amm. c. Anath. muric. Bar. c. Bov. CALC. c. Caps. Carbo veg. CAUST. Cic. Clem. Con. DULC. GRAPH. Grat. Hell. Hep. KREAS. Led. LYC. MERC. SOL. Mez. Nat. c. Nat. mur. Oleand. PHOS. AC. Rhus tox. Sep. *Sil.* SULPH. Syphil.

HERPES, INFLAMED. Amm. c. Graph.

HERPES, MERCURIAL. Aur. fol. Mosch. Nitr. ac.

HERPES, PALE RED. Clem. Dulc.

HERPES, with pustules. Crot. tig. Kreas.

HERPES, RAISED. Magn. c. Merc. sol. Tellur.

HERPES, RED. Amm. c. Ars. Clem. Dulc. Kreas. *Lach.* Magn. c. Magn. sulph. Oleand. Sulph. Tax. Tellur.

HERPES, with red areola, sensitive to cold water and touch. Dulc.

HERPES, ROUND. Dulc. Hell. Phos.

HERPES, SCURFY, SCALY, SCABBY. Anac. Ars. Bov. CALC. c. Cic. *Clem.* Coloc. *Con.* Cupr. met. *Dulc.* Graph. Kreas. Lach. Led. *Lyc.* Magn. c. MERC. SOL. Nat. mur. Phos. Sep. Staph. *Sulph.* Teucr. Thuj.

HERPES, SMALL AND SMOOTH. Dulc. Lach. Magn. c. Magn. sulph.

Herpes, Spreading. Alum. Caps. Carbur. sulph. Dulc. Merc. sol.

Herpes, Suppressed. Alum. Amb. *Calc. c. Lach. Lyc.* Nat. c. Sep. Sulph.

Herpes, Suppurating. Clem. Dulc. Lyc. Merc. sol. Nat. c.

Herpes, Syphilitic. Mosch. Nitr. ac. Thuj.

Herpes, with vesicles. Crot. tig. Nitr. ac. Sulph.

Herpes, Whitish. Anac. Thuj. Zinc. met.

Herpes, Yellow. Carbur. sulph. Cupr. met. *Dulc.* Hell. Lyc. Sulph.

Herpes, with yellow-brown scales. Carbur. sulph. Cupr. met. Dulc.

Herpes phlyctænoides, on dorsum of left hand; vesicles on red swollen base, containing opaque yellow fluid, which forms thick, yellow scabs. Carbur. sulph.

Herpes, with small white vesicles in groups, forming scab over whole face, especially above nose and around eyes. Sulph.

Herpes Circinatus. Red, elevated rings, distinctly marked, especially on lower extremities. Tellur.

Herpes, with thick crusts. Clem. Lyc. Sulph.

Herpes, red and humid while moon increases, and pale and dry while it decreases. Clem.

Herpes, Corroding. Caps. Clem. Grat. Nat. mur.

Herpes, in spots. Crotal. hor. Graph. Hyosc. Lyc. Merc. sol. Mur. ac. Nat. mur. Phos. Sabad. Sarsap. Sep. Sil. Sulph. Zinc. met.

Herpes on head. Bar. c. Cupr. met. Kali c. Petr. Rhus tox.

Herpes on eyelids. *Bry.* Rhus tox. Sep.

Herpes in external canthus of *left* eye. Tax.

Herpes on ears. Amm. mur. Caust. Cist. Graph. Kreas. Magn. mur. *Oleand. Sep.* Teucr.

Herpes behind ears. Amm. mur. Graph. Mez. *Oleand. Sep.*

HERPES on nose. Nat. c. Nitr. ac. Spig.

HERPES on face. Alum. *Amm. c.* Anac. Ars. Bar. c. Bov. Bry. Calc. c. Caps. *Carbo veg.* Caust. Chel. Coloc. Con. Dulc. Graph. Hep. Kali hyd. Kreas. LACH. LED. Lyc. Merc. sol. Nat. c. NAT. MUR. Nicc. c. Nitr. ac. Petr. Phos. Phos. ac. RHUS TOX. Sabad. Sep. Sil. Sulph.

HERPES on forehead. Badiag. Caps.

HERPES in whiskers. Lach. Nitr. ac.

HERPES on cheeks. Agn. Amb. Anac. Bov. Bry. Caust. Kali hyd. Merc. sol. Nicc. c.

HERPES on chin. *Bov.* Carbo veg. Chel. Nat. mur. Nux. v. Phos. ac. Sil.

HERPES on and about lips and mouth. Anac. Ars. Carbo veg. Caust. Magn. c. Nat. c. Nat. mur. Nicc. c. Paris. Phos. Rhus tox. Sarsap. Sep. Syphil.

HERPES at corners of mouth. Carbo veg. Lyc. Phos. Sep.

HERPES about the anus and perineum. Ipec. Nat. mur. Petr.

HERPES on scrotum. Crot. tig. Crotal. hor. Nat. mur.

HERPES between scrotum and thigh. Petr.

HERPES on prepuce. Sarsap.

HERPES on labia. Dulc.

HERPES on chest. Magn. c. *Petr.* Staph.

HERPES on mammæ and nipples. Caust. Dulc.

HERPES in axilla. Carbo an. Lyc. Sep.

HERPES on the neck. Lach. Sep.

HERPES on nape of neck. Caust. Lyc. Petr. Sep. Sulph.

HERPES on arms (in general). *Con. Cupr. met.* Dolich. *Dulc.* Grat. *Hell.* Kreas. Lach. Lyc. Magn. sulph. *Mang.* MERC. SOL. Nat. mur. *Phos. Sep.*

HERPES in bend of elbow. Cupr. met. Kreas. Sep. Thuj.

HERPES on upper arm. Grat. Magn. sulph.

HERPES on forearm. *Con.* Magn. sulph. Mang. MERC. SOL. Nux v.

HERPES on wrists. Merc. sol.

HERPES on hands. DULC. IPEC. Kreas. Merc. sol. Nat. c. Sarsap. Sep. Staph. Verat. alb. ZINC. MET.

HERPES on backs of hands. Nat. c. Sep.

HERPES on palms of hands. Lycoper. escul.

HERPES on fingers. Amb. Caust. GRAPH. Merc. sol. Nitr. ac.

HERPES on third finger of *left* hand. Caust.

HERPES between thumb and index finger. Ambr.

HERPES between fingers. Ambr. Merc. sol. Nitr. ac.

HERPES on nates and hips. Borax. Caust. Nicc. c.

HERPES on thighs. *Graph.* Kali c. MERC. SOL. Mur. ac. Nat. mur. Nitr. ac.

HERPES on knees. Ars. *Carbo veg. Dulc. Graph.* Kreas. Merc. sol. NAT. MUR. *Petr.* Phos.

HERPES on calves of legs. Ars. Calc. c. Dolich. *Graph.* Kali c. *Lach.* Lyc. Magn. c. Sarsap. Staph.

HERPES on feet and ankles. *Nat. mur. Petr.* Sulph.

HERPES on toes. Alum.

HERPES on edge of tibia. Graph. Lyc.

HERPES on the back. Lach. Zinc. met.

HERPES in the bend of the knee. Nat. mur.

HERPES in bends of all joints. Staph.

INTERTRIGO, with rawness of opposed surfaces. Carbo veg. Merc. sol.

INTERTRIGO oozing freely. Bar. c. Graph.

INTERTRIGO bleeding much. Lyc. Merc. sol.

INTERTRIGO offensive in smell. Lycop.

INTERTRIGO with transparent glutinous discharge. Graph.

INTERTRIGO with rhagades. Agn. Phos.

INTERTRIGO from walking or riding horseback. Ruta. Sulph. ac.

Intertrigo, with ulceration and gangrene. Sulph. ac.

Intertrigo spreading by pimples beyond the main excoriation becoming merged into the old sore. Hep.

Intertrigo in bend of joints. Mang. Oleum an. Sep. Squill.

Intertrigo behind ears. Graph. Petr. Sulph.

Intertrigo about nipples. Anath. muric. Bals. peru. Phytol.

Intertrigo about arms. Amm. c. Agn.

Intertrigo between thighs. Amm. c. Borax. *Cham.* Graph. Hydras. Ign. Rhus tox. Sulph.

Intertrigo between toes. Nat. c.

Lepra Vulgaris, obstinate, on arms. Iris ver.

Leprosy, loss of sensation; toes fall off. Lach.

Lichen, little tubercles with hard scurf on instep; with red and thickened skin. Nux jug.

Lichen in face and behind ears; dry and pimply, skin rough. Staph.

Lupus exedens; abundant discharge of pus. Hydrocotyle.

Lupus, suppurating. Calc. c. Hydroc. Sulph.

Lupus, sarcomatous. Bar. c.

Lupus on head. Calc. c. Lyc.

Lupus on face. Cist.

Lupus on lobes of ears. Nitr. ac.

Lupus on the elbows. Hep.

Maculæ of old people. Ars. Bar. c. *Con.* Lach. Vip. red.

Measles, after-effects. *Ars.* *Bry.* Dulc. Iod. Nux v. *Phos.* Puls. Rhus tox.

Measles, Suppressed. Phos. Puls. Rhus tox.

Measles, burning heat, alternating with cold extremities. Verat. alb.

Measles, eruption livid. Lach.

Measles, eruption tardy in appearing. Ipec. Verat. alb.

Measles pronounced catarrhal symptoms. Gelsem.

Nails Decayed. Alum. Graph. Merc. sol. Sabad. Sep. *Sil. Sulph.*

Nails, Brittle, breaking off. Alum. Calc. c. Graph. Merc. sol. Sabad. Sep. Sil. Sulph. Thuj.

Nails, Discolored. *Ant. crud.* Ars. *Graph.* Mur. ac. *Nitr. ac.* Sil. Sulph. Thuj.

Nails, Distorted. Alum. Calc. c. *Graph.* Hydrocotyle. Merc. sol. Sabad. *Sep. Sil. Sulph.*

Nails Fall Off. Ars. Hell. Graph. *Merc. sol. Sec.* Sep.

Nails Grow into Flesh. Colch. Graph. Kali c. Magn. ars. Sil. *Sulph.* Teucr.

Nails, Split. Sil. Sulph.

Nails, Thickened. Alum. Calc. c. Graph. Merc. sol. Sabad. Sep. Sil. Sulph.

Nails Grow into Flesh, especially of great toe. Magn. ars.

Nævi Materni, bright red, round, flat aneurisms by anastomosis, bleeding profusely when touched or wounded. Carbo veg.

Nævi Materni, arterial capillaries. Calc. c. Lyc.

Nævi Materni, venous capillaries. Carbo veg. Lyc. Nux v.

Nettle-rash coming out after scratching. China.

Nettle-rash in spots. Berb. Copaiv. Merc. sol.

Nettle-rash after *Puls.* Sulph.

Nettle-rash, vesicular. Psor. Triost. Urtica.

Nettle-rash in nodules. Puls. nutt. Urtica.

Nettle-rash changing to red spots. Merc. sol.

Nettle-rash, frequent attacks, with fine vesicles on the top, which dry up and scale off. Psor.

Nettle-rash, irregular, round nodules, elongated and annular, with a red base turning white when scratching. Puls. nutt.

Nettle-rash, with redness and swelling. Rhus tox.

Nettle-rash breaking out during a walk in cold air and disappearing in a warm room. Sep.

Nettle-rash attending or preceding rheumatism. Urtica.

Nettle-rash on face. Ant. crud. Sep. Triost.

Nettle-rash on genitals. Tart. e.

Nettle-rash on back. Sil.

Nettle-rash on chest. Sep. Triost.

Nettle-rash on arms. Berb. Sep. Triost.

Nettle-rash on hands. *Berb.* Euphorb. *Hep.* Hyperic. Nat. c. *Nat. mur.* Nat. sulph. Sulph.

Nettle-rash on fingers. *Hep.* Hyperic. Urtica.

Nettle-rash on hip. Sulph.

Nettle-rash on thigh. Caust. Zinc. met.

Nettle-rash on legs. *Aur. fol.*

Nodosities in general. *Agn.* Amm. c. *Ant. crud.* Arn. Aur. fol. Borax. *Calc. c. Carbo an. Caust. Clem.* Cic. Dig. *Graph.* Hep. Lach. Led. *Lyc. Merc. sol.* Nitr. ac. *Phos. Puls.* Ranunc. bulb. *Rhus tox.* Rhus vern. *Sabin.* Sep. Sil. *Staph. Sulph.*

Nodosities, Horny. *Ant. crud.* Graph.

Nodosities, Red. Cann. sat. Iod. Kali bich. Sabad. Thuj.

Nodosities, Oozing. Staph.

Nodosities on wrists. Calc. c.

Nodosities on finger joints. *Agn. Calc. c. Clem. Graph. Lyc. Sulph.*

Nodosities, blue-red, with desiccated points at tip, on both mammæ. Iod.

Nodosities, large, with red swelling on nose. Cann. sat.

Nodosities on face. Cann. sat. Magn. c. Puls. Rhus vern. Thuj.

Nodosities on temples. Magn. c. Thuj.

Nodosities on arms. Magn. c. Sabad.

Nodosities on hands. Graph.

Nodosities on thighs and legs. Kali bich. *Lach. Phos.* Therid.

NODOSITIES on feet. Lyc. (Soles of feet.) Sil.

NODOSITIES, white, on toes. Thuj.

NODOSITIES in axilla, and in front of left shoulder. Magn. c.

NODOSITIES, hard, reddish, with depressed dark scurf in centre, surrounded by an inflamed base, on thighs and legs. Kali bich.

PAPULES in groups. Copaiv. Hydrocotyle.

PAPULES, RED. Gum. gut. Plant. maj.

PAPULES on hands, first pale and then red. Gum. gut.

PAPULES, PURPLE. Hydrocotyle.

PAPULES on face; hard, white, flat, isolated; thighs, with a red point in centre; yellow exudation forming a crust. Plant maj.

PEMPHIGUS, each bullæ surrounded by an inflamed, red base. Rhus tox.

PETECHIÆ. Ailanth. Berb. Canth.

PETECHIÆ, small, dingy and red, with spots on forearms and backs of hands. Berb.

PHLYCTÆNÆ, especially on the extremities. Elaps. cor.

PETECHIÆ-LIKE SPOTS. Arn. *Ars.* Bell. *Berb.* *Bry.* Con. *Hyosc.* *Lach.* *Led.* NUX V. *Phos.* RHUS TOX. Ruta. *Sec.* Sil. Stram. Sulph. ac.

PIMPLES in general. ACON. Agar. Agn. Alum. Amb. Amm. c. Amm. mur. Anac. Ang. ANT. CRUD. Arg. fol. Arn. ARS. Asaf. Asar. Aur. fol. Aur. mur. Bar. c. Bar. mur. BELL. Berb. Bism. Borax. Bov. BRY. Calad. Calc. c. Camph. Cann. sat. *Canth.* Caps. Carbo an. Carbo veg. CAUST. CHAM. Chel. Chin. Cic. Cinnab. Clem. *Cocc.* Coff. Colch. Coloc. *Con.* Corall. Crotal. horr. Crotal. cascav. Croc. Cupr. met. Cycl. Dig. *Dulc.* Electr. Euphorb. Euphr. Graph. Grat. Guaj. Hell. Hep. Hydras. Hydroco. Jatroph. Ign. Iod. Ipec. Kali bich. Kali c. Kali chlor. Kali hyd. Kreas. Lach. Lauro. Lyc. Magn. arc. Magn. aus. Magn. c. Magn. mur. Magn.

sulph. Mang. Meny. Merc. sol. Mez. Mosch. Mur. ac. Nat. c. Nat. mur. Nat. sulph. Nitr. ac. Nux mos. Nux v. Oleand. Oleum an. Op. Paris. Petr. Phos. Phos. ac. Plat. Puls. Ranunc. bulb. Ranunc. scler. Rhodo. Rhus tox. Ruta. Sabad. Sabin. Samb. Sarsap. Sec. Selen. Seneg. Sep. Sil. Spig. *Spong.* Squill. Stann. Staph. Stram. Stront. Sulph. Tab. Tarax. *Tart. e.* Tereb. Teucr. Thuj. Val. Verat. alb. Verb. Viol. od. Viol. tr. Vip. red. Vip. torv. *Zinc. met.*

Pimples, acuminated. *Ant. crud.* Ars. Dulc. Tart. e.

Pimples, Acne-like. Bell. Carbo veg. Hep. Lach.

Pimples, Black. Carbo veg. Spig.

Pimples, Bleeding, sanguineous. Paris. Rhus. rad. Stront. Thuj.

Pimples close together. Cham. Staph. Thuj. Verat. alb.

Pimples bleed when scratched. Arg. nit. Menesper. coc. Mosch.

Pimples in clusters. Berb. Cham. Lyc. Verat. alb.

Pimples, Confluent. Cic. Hyosc. Mur. ac. Phos. ac. Val.

Pimples cracked open. Merc. acet.

Pimples with crusts. Calc. c. Merc. sol. Squill.

Pimples, Dry. Bov. Hyosc. Iod. Kreas. Sarsap.

Pimples, Flat, broad. Ant. crud. Berb. Taxus.

Pimples with green crusts. Calc. c.

Pimples, Hard. *Bov.* Calad. Rhus tox. Sabin. Taxus. Val.

Pimples, Humid, moist. Calc. c. Graph. Kali c. Nat. sulph. Oleum an. Puls. Sil. Sulph. Thuj. Zinc. met.

Pimples, moist after scratching. Calc. acet. Kali nit.

Pimples, Inflamed. Agar. Arn. Berb. Kali c. Pedic. cap. Petr.

Pimples, Miliary. Agar. Amm c. Ant. crud. Ars. Cocc. Elaps. cor. Grat. Kali c. Kreas. Pedic. cap.

PIMPLES, POCK-SHAPED. *Ant. crud. Arn. Ars.* Petr. Tart. e.

PIMPLES RAISED, elevated. Bry. Crotal. cascav. Taxus. Val.

PIMPLES, RED. Acon. Alum. Amm. c. Anath. muric. *Ant. crud.* Arn. Bell. Berb. *Bov.* Bry. Calad. Calc. phos. Carbo veg. Caust. Cham. Chel. Cic. Cina. Cocc. Crotal. cascav. Crotal. hor. Cycl. Dros. Dulc. Elaps. cor. Hura bras. Iod. Kali c. *Lach.* Led. Lyc. *Magn. c.* Mez. Pedic. cap. Phos. *Phos. ac.* Plumb. met. Rhodo. Rumex. Sarsap. Sep. Spig. *Squill. Staph. Stront.* Sulph. Taxus. Teucr. Thuj. Val. Verat. alb. Zinc. met.

PIMPLES with red areola. Anac. Berb. Bov. Calad. Canth. Cycl. Elaps. cor. Nitr. ac. Pedic. cap. Phos. ac. Samb. Tarax. Thuj.

PIMPLES, SCALY, SCURFY. Bell. CALC. c. Carbo an. Cham. Con. Dros. Hep. Mang. Merc. sol. Mur. ac. OLEAND. Petr. Rhus rad. Sabin. Staph.

PIMPLES like SCABIES. Ant. crud. Arg. nit. Bar. mur. Bry. Con. Kali hyd. Kreas. Rhus tox. Selen. Squill. Tart. e.

PIMPLES, SUPPURATING. Amm. mur. Anthrak. Ant. crud. ARS. Aur. fol. Bar. c. *Bell.* Berb. Calad. Calc. phos. Canth. Caust. Cham. CIC. *Clem.* Cocc. Con. Croton. tig. Cycl. Dulc. Elaps. cor. Graph. Grat. Hep. Hydroc. Hyosc. Kali bich. Kali c. Kali chlor. Kreas. Lach. Lyc. Magn. arc. Magn. c. Magn. mur. MERC. SOL. Mez. *Nitr. ac.* Op. *Petr.* Phos. ac. Plumb. met. *Puls.* RHUS TOX. Samb. Sarsap. Sec. *Sep.* Sil. Spig. STAPH. Stram. SULPH. Tarax. TART. E. Thuj. Verat. alb. Zinc. met.

PIMPLES, transparent and semi-transparent. Berb. Con.

PIMPLES about (surrounding) ulcers. Cham. Sulph.

PIMPLES full of water. Coloc. Thuj.

PIMPLES, WHITISH. Ars. Bov. Calad. Carbo veg.

Chel. Coloc. Con. Cycl. Dulc. Elaps. cor. Kali c. Magn. arc. Magn. mur. Mang. Nat. c. Nat. mur. Pedic. cap. Petr. Phos. ac. Staph. Sulph. Val. Zinc. met.

Pimples with white tips. Ant. crud. Ars. Crotal. cascav. Hura bras. Phos ac. Puls. Tart. e.

Pimples with yellow tips. Ant. crud. Grat. Magn. mur. Zinc. met.

Pimples changing to ulcers. Merc. sol. Nitr. ac. Phos. ac.

Pimples, Smooth. Mez. Phos. ac.

Pimples with a black point in centre. Calc. sulph. Crotal. cascav.

Pimple changing to a wart. Caust.

Pimples preceded by itching, and brought out by scratching. Bry. *Graph.* Merc. sol.

Pimples size of a millet or lentil. Acon. Ars. Bov. Cic. Phos. ac.

Pimples, Large. Ant. crud. Bell. Con. Hura bras. Spong. Taxus.

Pimples like vesicles. Ant. crud. Pedic. cap. Puls.

Pimples, Purulent. Anthrak. Nux v. Paris. Thuj.

Pimples, Small. Ant. crud. Arg. nit. Ars. Berb. Bry. Hura bras. Iod. Kali bich. Led. Merc. sol. Mosch. Nux v. Pedic. cap. Rumex. Selen. Sep. Staph. Thuj. Val. Zinc. met.

Pimples with pus in tip. Anac. Berb. Graph. Squill. Staph. Thuj.

Pimples filled with an acrid fluid. Acon. Con. Graph.

Pimples filled with serum. Acon. Ars. Elaps. cor. Puls. Rhus rad.

Pimples with yellow-brown scurf, or crusts. Ant. crud. Calc. acet. Kreas.

Pimples on scalp. Agar. Alum. Anac. Ant. crud. *Amb.* Arg. fol. Ars. Bar. c. Bar. mur. Berb. Bov. Calc. c. Clem. *Con.* Crotal. cascav. Cycl. Hell. Hep.

Kali c. LED. Lyc. Magn. arc. Mur. ac. Nat. c. *Nat. mur.* Nux v. Oleand. Paris. Petr. Puls. Rhus tox. Sil. Tarax. Zinc. met.

PIMPLES on eyelids. Alum. Canth. Chel. Hep. Lyc. Nat. mur. Rhus tox. Selen. Seneg.

PIMPLES on ears. Agar. Amm. c. Berb. Cic. Kali c. Kreas. Mur. ac. Nat. mur. Petr. Phos. Sabad. Selen. Spong. Staph. Verb.

PIMPLES behind ears. Pallad.

PIMPLES below ears (on neck). Selen.

PIMPLES on nose. AMM. c. *Anac.* Arn. Bar. c. Bell. Bov. CALC. c. Canth. Carbo. veg. CAUST. Clem. Cocc. Dulc. Euphr. *Graph.* Guaj. *Kali c.* Kali hyd. Lach. Magn. ac. Mang. *Nat. c. Nat. mur.* Oleum an. Oxal. ac. Pallad. Petr. *Phos. Phos. ac.* Ratanh. *Sep. Sil.* Sulph. Tarax. Taxus. Teucr. Thuj.

PIMPLES on face. Acon. Agar. Alum. Ambr. Amm. c. Amm. mur. ANT. CRUD. Arn. Ars. Asclep. tuber. Aur. fol. BAR. c. *Bell.* Berb. Borax. *Bov. Bry.* CALC. c. Canth. Carbo an. Carbo veg. Caust. *Cham.* Chel. CIC. Clem. *Cocc.* Coloc. Con. Crotal. horr. Dros. Dulc. Eugen. GRAPH. Hep. Indig. *Kali c.* Kali chlor. Kali hyd. KREAS. Lach. Led. LYC. Magn. c. Magn. mur. Magn. sulph. Menisper. can. Meph. Meny. MERC. SOL. Mosch. Mur. ac. Nabul. serp. Nat. c. NAT. MUR. Nat. sulph. *Nitr. ac.* Nux v. Oleum an. Pallad. Pedic. cap. Petr. *Phos.* PHOS. AC. Psor. Rhodo. Rhus rad. Rhus tox. Sabin. Sarsap. SEP. *Sil.* Stann. *Staph.* SULPH. Tabac. Tarax. Tart. e. Thuj. Verat. alb. Vinc. min. Zinc. met.

PIMPLES in faces of very young persons. Carbo veg. Hep.

PIMPLES on forehead. Acon. Ars. Berb. Calc. c.

Gelsem. Hep. Hura bras. Kali chlor. Kreas. Led. Meph. Nitr. ac. Paris. Pedic. cap.

Pimples on chin. Alum. Ambr. Anac. Ant. crud. Bell. Berb. Calc. c. Canth. Caust. Cic. Clem. Con. Dros. Dulc. Hep. Hydrast. Hyosc. Kali chlor. Kreas. Lauro. Lyc. Magn. aus. Merc. viv. Nabul. serp. Nat. c. Nat. sulph. Nitr. ac. Nux mosch. Nux. v. Oleand. Paris. Phos. ac. Rhus tox. Sabin. Sarsap. Sep. Sil. Spig. Spong. Sulph. Thuj. Verat. alb. Verb. Zinc. met.

Pimples about lips and mouth. Acon. Amm. mur. Ant. crud. *Bar. c.* Bell. Berb. Bov. Bry. Calc. c. Cann. sat. Canth. Caps. Carbo veg. Caust. Chin. Chin. sulph. Coloc. Con. Dulc. Elaps. cor. Graph. Hep. Hell. Hydrast. Hyosc. Ign. Ipec. Kali c. Kreas. Led. Magn. arc. Magn. mur. Meny. Merc. sol. Mur. ac. Nabul. serp. Nat. c. Nicc. c. Nux v. Paris. Rhodo. *Rhus tox.* Ruta. Samb. Sep. Spig. Spong. Squill. Sulph. Tarax. Teucr. Thuj. Verat. alb. Zinc. met.

Pimples on cheeks. Berb. Calc. acet. Hura bras. Kreas. Nux v. Rhus tox. Tarax.

Pimples on temples. Cocc. Nitr. ac. Pedic. cap.

Pimples on abdomen. Ars. Bar. mur. Bry. Cham. Dulc. Nat. c. Nat. mur. Petr.

Pimples about anus. Carbo veg. Kali c. Nitr. ac.

Pimples on perineum. Nit. ac.

Pimples on genitals (in general). Ambr. *Con.* Graph. Kali c. Lach. Magn. aus. Merc. sol. Nat. mur. Nitr. ac. Phos. ac. Sil. Tart. e. Thuj. Zinc. met. Sulph.

Pimples on glans penis. Jacar. car. Lach. Magn. aus. Nit. ac. Phos. ac.

Pimples on scrotum. Phos. ac. Thuj. Zinc. met.

Pimples on prepuce. Arn. Magn. aus. Nit. ac. Sil.

Pimples on mons veneris. Ambr. Con. Kali c. Sil.

PIMPLES on labia. Con. Graph. Kali c. Merc. sol. Nat. mur. Verat. alb.

PIMPLES between scrotum and thigh. Petr. Selen.

PIMPLES on chest. Amm. c. Ant. crud. Arg. nit. Bell. Berb. Borax. Bov. Calad. Calc. c. Canth. Chin. Cocc. Con. Dulc. Evon. Gins. *Hep.* Iod. Kali c. *Lach.* Led. Magn. mur. Nat. c. Phos. ac. *Plumb. met.* *Rhus tox.* Squill. Staph. Stront. Tabac. Val. Verat. alb. Zinc. met.

PIMPLES in axilla. Cocc. Phos.

PIMPLES on neck. Ant. crud. Arn. Aur. fol. Berb. Bov. *Cinnab.* Clem. Gelsem. Gins. Hep. Lyc. Magn. arc. Magn. c. Meph. Mez. Pedic. cap. Phos. ac. *Puls.* Spig. Spong. *Squill.* Staph. Stann. Sulph. *Thuj.* Verat. alb.

PIMPLES on nape of neck. Acon. Amm. c. Arn. Bar. mur. Bell. Berb. Borax. Calc. c. Carbo veg. Hep. Kali c. Lyc. Magn. aus. Magn. c. Nat. c. Pedic. cap. Sil. Staph.

PIMPLES on neck, under chin. Ant. crud. Puls. Spong.

PIMPLES on back. Alum. Arg. nit. Bell. Berb. Calc. c. Carbo veg. Cham. Cocc. Con. Digit. Iod. Kali c. Lach. Led. Lyc. Magn. mur. Meph. Millef. *Nat. mur.* Pedic. cap. Phos. ac. Puls. Sarsap. *Selen.* *Squill.* Sulph. Tabac. Zinc. met.

PIMPLES on loins. Cham. Chin.

PIMPLES on scapulæ. Ant. crud. Bell. Berb. Crotal. hor. Kali chlor. Lyc. Magn. mur. Mosch. *Puls.* Ratanh. Squill.

PIMPLES between scapulæ. Cocc. Lyc. Spong.

PIMPLES on small of back. Calc. Tabac.

PIMPLES on upper arms. Anac. Ant. crud. Asclep. tuber. Bell. Carbo veg. Chin. *Dulc.* Iod. *Kali c.* Lach. *Lauro.* Mosch. Pedic. cap. Sulph. Taxus. Val.

Pimples on forearm. Amm. c. Amm. mur. Ant. crud. Asclep. tuber. Bell. Bov. Calad. *Caust.* Chin. Iod. Kali nit. Lach. Lauro. Lyc. Magn. c. *Magn. sulph. Nat. sulph.* Pedic. cap. Phos. ac. Ratanh. Rhodo. Sabad. Sarsap. Sulph. Tart. e. *Taxus.* Thuj. Val. Zinc. met.

Pimples on shoulders. Ant. crud. Berb. Cocc. Hura bras. Kali c. Magn. c. Mosch. Pedic. cap. Zinc. met.

Pimples on elbows. Amm. mur. Ant. crud. Bell. Berb. Bry. *Dulc. Hyosc.* Lach. Nat. c. *Sabin.* Sep. *Staph.*

Pimples in bends of elbows. Ant. crud. Hyosc. Hura bras. Oleum an. Phos. *Sep.* Thuj.

Pimples on hands. Agar. Amm. mur. Ant. crud. Ars. Bov. Canth. Cic. Elaps. cor. *Kreas. Lyc.* Mur. ac. Paris. Pedic. cap. *Rhus tox. Selen. Tarax. Zinc. met.*

Pimples on wrists. Bar. c. Bry. Cycl. Elaps. cor. *Rhus tox.* Tart. e.

Pimples on back of hands. Agar. Amm. mur. Canth. Carbo veg. Kali chlor.

Pimples on fingers. Anac. Ant. crud. Arn. Ars. Berb. Canth. Cycl. Elaps. cor. *Kali c. Lyc.* Magn. c. Mur. ac. *Phos. ac. Spig.* Squill. Tabac. Tarax. *Therid. Zinc. met.*

Pimples between fingers. Ars. Phos. ac. Puls.

Pimples on thumbs. Ant. crud. *Kali c. Lyc. Therid.*

Pimples between thumb and index finger. Arn. Bry. Canth.

Pimples on nates and hips. Ant. crud. Bar. c. Berb. Bry. Calc. c. Cann. sat. Canth. Graph. Hura bras. Magn. c. Merc. sol. Meph. Nux v. *Petr.* Selen. Thuj.

Pimples on thighs. Agar. Ant. crud. Bar. mur. Berb. Bry. Bov. Calc. c. Cann. sat. Chel. Cocc.

Elaps cor. *Kali c.* Kali chlor. *Lach.* Magn. c. *Mang.* Meph. *Mez.* *Nat. mur.* Pedic. cap. *Petr.* *Phos.* *Rhodo.* Sarsap. *Selen.* *Stann.* Staph. *Sulph.* Thuj. Zinc. met.

Pimples on buttocks. Camph. Selen. Thuj.

Pimples on knees. Ant. crud. Bry. Hep. Hura. Nicc. c. Pedic. cap. Phos. ac. Puls. Sarsap. Sep. Sulph. Thuj. Zinc. met.

Pimples on calves of legs. Agar. Arg. nit. Asclep. tuber. Bov. Bry. Calc. caust. Elaps. cor. Hura bras. Kali bich. Lach. Nat. c. Pedic. cap. Phos. ac. Puls. Rumex. Sabin. Sarsap. *Sep.* Staph. Zinc. met.

Pimples on feet. Ars. Bov. Borax. Con. Led. Mosch. Selen. Sep. Sulph. Zinc. met.

Pimples on soles of feet. Con.

Pimples on dorsum of feet. Led. Mosch.

Pimples on toes. Borax. Sulph. Zinc. met.

Pimples between toes. Mosch. Sulph.

Pityriasis in spots on scalps of fair-haired strumous girls. Lyc.

Pocks in general. Acon. Amm. mur. Ant. crud. Arn. Ars. *Bell.* *Bry.* Canth. Clem. Cocc. *Hydroc.* Hyosc. Lach. Merc. sol. *Puls.* Rhus tox. Sec. Sil. Stram. *Sulph.* Tart. e. Thuj.

Pocks, Suppurating. Ars. Bell. *Merc. sol.* *Sulph.* Thuj.

Pocks, Black. Ant. crud. Ars. Bell. Bry. Hyosc. Lach. Mur. ac. *Rhus tox.* *Sec.* Sep. Sil. Spig.

Pocks, White. Iod. Lyc.

Pocks on Nose. Canth. Merc. sol.

Pocks on Chest. Alum. *Led.* *Tart. e.*

Pocks on Back. Hydroc. *Tart. e.* Zinc. met.

Pocks on Arms. *Ars.* Hydroc. Sep.

Pocks of different kinds, also see *Small-pox*, *Varicellæ*, *Varicellæ Conoides*, etc.

Porrigo, in infants, on left side of scalp; spots round

and dry, slightly raised, red at edges, with bran-like scales in the centre. Samb.

Proud Flesh in ulcers. Alum. Ant. crud. Ars. Bell. *Carbo an.* Carbo veg. Caust. *Cham. Graph.* Kreas. *Lach.* Merc. sol. *Petr.* Phos. Sabin. *Sep. Sil.* Staph. *Sulph.* Thuj.

Psoriasis in back of index finger of right hand. Skin hard, hypertrophied, and covered with thick white scales. Teucr.

Psoriasis on knees, elbows, legs, and eyebrows. Phos.

Psoriasis Inveterata. Dry, scaly eruption on backs of hands. Sulph.

Psoriasis in relievo. Skin fissured and irritable; irregular patches all over, but on knees and elbows especially, with shining scales, and slightly raised, irregular edges. Iris vers.

Pus leaving a black stain. Bry. Chin. Lyc. Sulph.

Pus, Bloody. Arg. fol. Arn. Ars. *Asaf.* Bell. *Carbo veg. Caust.* Con. Croc. Dros. Hep. Hyosc. Iod. Kali c. Kreas. Lach. *Lyc.* Merc sol. Mez. Nat. mur. *Nitr. ac.* Phos. Phos. ac. *Puls.* Rhus tox. Ruta. Sabin. Sec. Sep. *Sil.* Sulph. Sulph. ac. Tart. e. Zinc. met.

Pus, Brownish. Anac. Ars. Bry. Calc. c. Carbo veg. Con. Puls. Rhus tox. *Sil.*

Pus, Corrosive. Amm. c. Anac. Ars. Bell. Calc. c. *Carbo veg.* Caust. Cham. Chel. Clem. Con. Cupr. met. Graph. *Hep.* Ign. Iod. Kreas. Lach. *Lyc.* Merc. sol. Mez. Nat. c. Nat. mur. *Nitr. ac.* Nux v. Phos. Plumb. met. Puls. *Ranunc. bulb.* Ranunc. scel. Rhus tox. Ruta. Sep. Sil. Spig. Squill. Staph. Sulph. Sulph. ac. Zinc. met.

Pus, Fetid. Amm. c. Ars. *Asaf.* Aur. fol. Bar. mur. Bell. Bov. Bry. Calc. c. Caust. Carbo veg. Chel. *Chin.* Chin. sulph. Cic. Con. Cycl. *Graph.* Hep. Kreas. Lach. Lyc. Mang. Merc. sol. Mez.

Mur. ac. Nat. c. Nitr. ac. Nux mosch. Nux v. Phos. Phos. ac. Plumb. met. Puls. Rhus tox. Ruta. Sabin. Sec. *Sep.* Sil. Staph. Stann. Sulph. Sulph. ac. Thuj. Vip. red.

Pus, Gelatinous. Arg. fol. Arn. Bar. c. Cham. Ferr. met. Merc. sol. Sep. Sil.

Pus, Gray. Ambr. Ars. Carbo an. Caust. Chin. *Lyc.* Merc. sol. Sep. *Sil.* Thuj.

Pus, Greenish. Ars. *Asaf.* Aur. fol. Carbo veg. *Caust.* Kreas. Merc. sol. Nat. c. Nux v. *Puls.* Rhus tox. Sep. *Sil.* Staph.

Pus full of maw-worms. Ars. Calc. c. Merc. sol. Sabad. Sil. Sulph. Squill. *Staph.* Sulph. Tart. e. Vip. red. Vip. torv.

Pus, smelling like old cheese. Calc c. Hep. Merc. sol. Sulph.

Pus, Pale Red. Phos. Plat. Puls. Rhodo. Rhus tox.

Pus, Salt. *Amb. Ars.* Bar. c. Calc. c. *Graph.* Lyc. Magn. c. Magn. mur. Merc. sol. Nat. c. *Petr. Phos. Puls.* Sep. *Sil.* Stann. Staph. Sulph. Zinc. met.

Pus, Sour-smelling. Calc. c. Graph. Hep. Merc. sol. Nat. c. Sep. Sulph.

Pus, Thin. Asaf. Carbo veg. Caust. Dros. Iod. Kali c. Lyc. Merc. sol. Nitr. ac. Plumb. met. Puls. Ranunc. bulb. Ranunc. scel. Rhus tox. Ruta. *Sil.* Staph. *Sulph.* Thuj.

Pus, Watery. Ars. Asaf. Calc. c. *Carbo veg.* Caust. Clem. Con. Dros. *Graph.* Iod. Kali c. Lach. *Lyc. Merc. sol. Nitr. ac.* Nux v. Plumb. met. Puls. Ranunc. bulb. Ranunc. scel. *Rhus tox.* Ruta. *Sil. Squill. Staph. Sulph.* Thuj.

Pus, Milky. Amm. c. Ars. *Calc. c.* Carbo veg. Hell. Lyc. Nat. mur. *Puls. Sep.* Sil. Sulph.

Pus, Yellow. Acon. Amb. Amm. c. Anac. Arg.

Arg. fol. Ars. Aur. fol. Bov. Bry. Calc. c. Caps. Carbo veg. Caust. Cic. *Clem.* Con. Croc. Dulc. Graph. Hep. Iod. Kreas. Lyc. Magn. c. Mang. *Merc. sol.* Nat. c. Nat. mur. *Nitr. ac.* Nux v. *Phos.* Puls. Rhus tox. Ruta. Sec. Selen. Sep. *Sil.* Spig. Staph. Sulph. ac. Thuj. Viol. tr.

Pustules, in general. Amm. mur. Anthrak. Ant. crud. Ars. Aur. fol. Bar. c. Bell. Berb. Calc. phos. Canth. Caust. Cham. Cic. Clem. Cocc. Con. Crot. tig. Cycl. *Dulc.* Eryng. Graph. Grat. Hep. *Hydroc.* Hyosc. Kali c. Kali chlor. Kreas. Lach. Lyc. Magn. arc. Magn. c. Magn. mur. Merc. sol. Mez. *Nitr. ac.* Op. *Petr.* Phos. ac. Plumb. met. *Puls.* Rhus tox. Samb. Sep. Sarsap. Sec. Sil. Spig. Staph. Stram. Sulph. Tarax. Tart. e. Thuj. Verat. alb. Zinc. met.

Pustules, Acuminated. Dulc. Thuj.

Pustules, Black. Bry. Mur. ac. Nat. c. Rhus tox. Tart. e.

Pustules, Bleeding and brown. Tart. e.

Pustules, Confluent. Cic. *Merc.* Tart. e.

Pustules, Dry. Eryng. *Merc. sol.*

Pustules, Greasy. Kreas.

Pustules, Hard. Anac. Ant. crud. Crotal. hor.

Pustules, Inflamed. Rhus tox. Stram.

Pustules, like scabies. Clem. Grat. Magn. arc. Phos. ac.

Pustules, Pock-like. *Ant. crud.* Hydroc. Hyosc. Kreas. Mur. ac. Tart. e. Thuj.

Pustules pale red, rose-colored. Ars. Dulc.

Pustules, Red. Anac. Ars. Berb. Caust. Cic. Cimicif. Crotal hor. Crot. tig. Graph. Hydroc. Hydroc. ac. Kali c. Mez. *Nitr. ac.* Tart. e.

Pustules with red areola. Anac. Borax. Nitr. ac. Nux mos. Paris. Tart. e. Thuj.

Pustules, Scurfy. Ant. crud. Bov. Crot. tig. Dulc. Merc. sol. Tart. e.

Pustules, Small. Eryng. Hydroc. Kali hyd. Kali nit. Puls. Tart. e.

Pustules, Ulcerated. *Ars.* *Dulc.* Magn. mur. *Merc. sol.* Nat. c. Sarsap. Sil. Tart. e.

Pustules discharge water. Kali hyd. Rhus tox. Stram.

Pustules, White, papular. Cimicif. Copaiv. Cycl.

Pustules on scalp. Arn. Ars. Bov. Gran. Kali c. Mur. ac. Nux v. Puls. Rhus tox. Sil. Sulph.

Pustules on nose. *Amm. c.* *Anac.* Arn. Bell. Bov. Clem. Cocc. Euphr. Mang. Nat. c. Nitr. ac. *Petr.* Plumb. met. Tarax.

Pustules on face. Amm. c. Amm. mur. Anac. Ant. crud. Ars. Asclep. tuber. Aur. fol. Bell. Bov. Calc. phos. Carbo an. Caust. Cic. Cimicif. Clem. Cocc. Coloc. Crot. tig. Dros. Grat. Hyosc. Kali c. Kali hyd. Kali nit. Magn. c. Magn. mur. Magn. sulph. Merc. sol. *Nitr. ac.* Paris. Phos. Rhus rad. Rhus tox. Sarsap. Tarax. Verat. alb.

Pustules about lips and mouth. Amm. c. Bar. c. Berb. Carbo veg. Lach. Magn. arc. Mur. ac. Nux v. Paris. Samb. Sep. Tarax. Thuj. Zinc. met.

Pustules on chin. Bell. Camph. Caust. Graph. Hyosc. Kali hyd. Mang. Merc sol. Nitr. ac. Nux mosch. Oleand. Psor. Rhus tox. Sabin. Sarsap. *Zinc. met.*

Pustules on labia. Bryon.

Pustules on chest. Aur. fol. Cocc. Eryng. Graph. *Hep.* Hydras. Magn. mur. Psor. Sil. Stront. Tart. e.

Pustules on neck. Ant. crud. Aur. fol. Clem. Cimicif. *Squill.* Tart. e.

Pustules on small of back. Calc. c. Nat. c.

Pustules on back. Calc. c. Dulc. Eryng. Nat. c. Sil.

PUSTULES on nape of neck. Bell. Nat. c. Tabac.

PUSTULES on scapulæ. Cocc. Magn. mur.

PUSTULES on arms (in general). Anac. Asclep. tuber. Bell. Kali bich. Merc. sol. Mez. *Rhodo.* Rhus tox. Sep. *Staph. Sulph.* Tabac.

PUSTULES on upper arm. Anac. Merc. sol.

PUSTULES on forearm. *Rhodo.* Rhus tox. *Staph.*

PUSTULES on hands. Cic. Kali bich. Rhus tox. *Sep.* Sil.

PUSTULES on fingers. Anac. Bar. c. Borax. Kali bich. Sarsap. Sanguin. Spig. Zinc. met.

PUSTULES on balls of thumbs. Cic.

PUSTULES on nates and hips. Ant. crud. Hydroc. ac. Hyosc. Phos. ac.

PUSTULES on thighs. Dulc. Grat. Mez. Staph. Stram. *Thuj.*

PUSTULES on legs. Asclep. tuber. *Dulc.* Mez. Staph. Stram. *Thuj.*

PUSTULES on and below knees. Bry. Hyosc.

PUSTULES on feet. Con. Rhus tox.

PUSTULES on heels. Nat. c.

PUSTULES on toes. Crotal. cascav. Cycl. Graph.

PUSTULES on balls of toes. Phos. ac.

PUSTULES, LARGE. Cimicif. Clem. Hyosc. Kreas. Tart. e.

PUSTULES on forehead. Granat. Mur. ac. Psor. Sil.

PUSTULES on temples. Granat. Mur. ac.

PUSTULES covered with crusts. Bell. Nitr. ac. Sulph.

PUSTULES seem filled with shot; become ulcers; contain bloody or black fluid. Tart. e.

RASH in general. ACON. Alum. AMM. C. AMM. MUR. *Ant. crud.* ARN. ARS. Asaf. BELL. Bov. BRY. *Calad. Calc. c. Canth. Carbo veg.* CAUST. CHAM. Chin. *Clem. Coff.* Coloc. Cupr. met. Dig. *Dulc.* Electr. *Euphras.* Galv. Gins. *Graph. Hell. Hyosc.* IPEC. Kali chl. *Lach. Led.* MERC. SOL. MEZ. Nat.

mur. *Nux v.* Op. *Phos.* Phos. ac. *Puls.* Rhus tox. Ruta. Sarsap. Sec. *Selen.* Sep. Sil. Spong. *Staph.* Stram. Sulph. Tart. e. Teucr. Val. *Verat. alb.* *Viol. tr.* Zinc. met.

Rash in clusters. Mez. Nat. mur. Phos. ac.

Rash, fine. Amm. mur. Con. Corn. circ. Phos. ac. Rhus tox.

Rash, Purple. *Acon.* Amm. c. Bell. *Coff.*

Rash, Red. Acon. Amm. c. Ars. Bell. Bry. *Carbo veg.* Caust. Cham. Coloc. *Coff.* *Dulc.* *Euphras.* *Hyosc.* *Ipec.* *Lach.* *Led.* Merc. sol. *Phos.* Phos. ac. *Rhus tox.* Sep. Staph. Stram. Sulph. Tart. e. Teucr.

Rash, Whitish. Agar. Ars. Bov. *Bry.* Ipec. *Nux v.* *Phos.* *Sulph.* Val.

Rash on scalp. Mez. Nat. mur. Spong. Tart. e.

Rash on face. Cham. Con. Euphras. Ipec. Kali brom. Sulph. Verat. alb. Tabac.

Rash on genitals. Bry. Dulc. Rhus tox.

Rash on chest. Amm. c. *Bry.* Calad. Corn. circ. Cupr. met. Galv. Lach. Led. Merc. sol. *Sil.* *Staph.* Stram. Sulph. Tart. e.

Rash on neck. Amm. c. Bry. Galv.

Rash on nape of neck. Ant. crud. Bry. Caust. Mez. Sec.

Rash on back. Con. Merc. sol. Mez. Stram.

Rash on scapulæ. Ant. crud. Caust.

Rash on arm. Ant. crud. Bry. Mez. Rheum. Tart. e.

Rash on forearm. Amm. c. Bry. Calad. Merc. sol. Mez. Rheum. Selen. Tart. e.

Rash on hands. Bry. Cupr. met. Dig. Led.

Rash on thighs. Bry. Caust. Galv. Merc. sol. Mez. Nat. mur. *Nux v.* Oleum an. Osmium. Sulph.

Rash on knees. Nux v. Zinc. met.

Rash on legs. Calc. c. Hyosc. *Nat. mur.* Sil.

Redness of skin in general. Acon. Agar. Agn. Amm. c. Anthr. Ant. crud. Arn. Ars. Asaf. *Bell.* Berb. Bov. Bry. Calc. c. Camph. *Canth.* Carbo veg. Caust. Cham. *Chin.* Cina. Clem. Cocc. Con. Crotal. hor. Crot. tig. Cycl. Dulc. Electr. Euphorb. Ferr. met. Graph. Hep. Hydroc. ac. Hyosc. Ign. Ipec. Iod. Kali c. Kali chl. Kreas. Lach. Led. Lyc. Magn. c. Magn. mur. *Mang.* Merc. sol. Mez. Nat. mur. Nux v. Oleand. Op. Petr. *Phos.* Phos. ac. Plumb. met. Puls. Ranunc. scel. Rhodo. Rhus tox. *Ruta.* Sabad. Sarsap. *Sec.* Sep. Sil. Spig. Spong. Squill. Stann. *Stram.* Sulph. Sulph. ac. Tarax. Tax. Teucr. Val. Vinc. min. Vip. red. Vip. torv.

Ridges in general. *Ars.* Bell. Calc. c. *Carbo veg.* Euphorb. Hep. Lyc. Magn. c. Phos. *Phos. ac. Rhus tox. Sabad. Stram.*

Ridges, Brown. Ars. Carbo veg.

Ridges, Red. Bell. Calc. c. *Carbo veg.* Euphorb. Hep. Phos. *Phos. ac.* Rhus tox. Sabad.

Roughness of skin in general. *Bell.* Calc. c. Graph. *Iod.* Kali c. Lauro. Merc. sol. Nat. c. Oleand. Phos. Phos. ac. *Rhus tox.* Ruta. Sarsap. Sep. Sulph.

"Salt Rheum," ulcerated, in general. Amb. Ars. Calc. c. Chin. *Graph. Lyc.* Merc. sol. Petr. Phos. *Puls.* Sep. *Sil. Staph.* Sulph.

Scabies, Dry. Bry. Carbo veg. Merc. sol. Sep.

Scabies, Moist. Carbo veg. Merc. sol.

Scabies, Pustular. Ars. Hep. Tart. e.

Scabies, Red. Bry. Merc. sol.

Scabies on the extremities. Ars. Bry. Carbo veg. Merc. sol. Tart. e.

Scabies in bend of elbow. Bry. Merc. sol.

Scabies in bend of knee. Ars. Bry. Merc. sol.

Scabies on wrist. Bry. Tart. e.

Scald Head, moist. Cic. Lappa maj. Mez. Sep. Staph.

Scald Head, thick white or gray-white crusts; eruption extends to face. Cic. Dulc. Lappa maj.

Scald Head, thick yellow scales, and fetor. Staph.

Scald Head in form of a ringworm, with yellow pus. Calc. c.

Scarlatina, tardy eruption. Phytol. Verat. alb.

Scarlatina, suppressed. Phos. Phos. ac.

Scarlatina, eruption dark. Hydras. Rhus tox.

Scurfs or crusts in general. Alum. Amb. *Amm. c. Amm. mur.* Ant. crud. Ars. Asaf. *Aur. fol. Aur. mur.* Bar. c. Bell. *Bov. Bry.* Calc. c. Caps. *Carbo an. Carbo veg.* Cham. *Chel.* Chin. sulph. Cic. Clem. *Coloc.* Con. Crot. tig. Dulc. Electr. Graph. Hell. Hep. Ign. Kali c. Kreas. Lach. Led. Lyc. Magn. c. Merc. sol. Mez. Mur. ac. Nat. mur. Nitr. ac. Nux v. Oleand. Paris. *Petr. Phos.* Phos. ac. Plumb. met. Puls. Ranunc. rep. Rhus tox. Ruta. *Sabad.* Sabin. Sarsap. *Sep.* Sil. Spong. Squill. Staph. Sulph. Tart. e. *Thuj. Verat. alb.* Viol. tr. Vip. torv. Zinc. met.

Scurfs, Black. *Bell.* Chin. sulph. Vip. torv.

Scurfs, Brown. Amm. c. Ant. Berb.

Scurfs, Dry. *Ars.* Aur. fol. Aur. mur. *Bar. c. Calc. c.* Chin. sulph. Graph. Lach. Led. Merc. sol. *Sulph.* Thuj.

Scurfs, Fetid. Graph. Lyc. *Merc. sol.* Plumb. met. Staph. Sulph.

Scurfs, yellowish-gray. Ars. Merc. sol. *Sulph.*

Scurfs, Horny. Graph. Ranunc. bulb.

Scurfs, Humid. Alum. Ars. Bar. c. Calc. c. Chin. sulph. Cic. *Clem.* Graph. Hell. Hep. Lyc. Merc. sol. *Mez.* Oleand. Plumb. met. Ranunc. bulb. *Rhus tox. Ruta.* Sep. *Sil.* Staph. Sulph.

Scurfs, Suppurating. Ars. Plumb. met. Sil. Sulph.

Scurfs, Yellow. Ant. crud. Aur. fol. Aur. mur. Cic. Iod. Kreas. Merc. sol. Mez.

Small-pox, eruption livid and sinks in. Ars. Camph. Rhus tox.

Spots, Black. Ars. *Crotal. hor.* *Lach.* *Rhus tox.* Sec. *Vip. red.*

Spots, Blue. Amm. c. Anath. muric. *Ant. crud.* *Arn.* Ars. Bar. c. Berb. Borax. Con. Crotal. hor. Ferr. met. Lach. Led. Merc. sol. Nit. ac. Nux mosch. *Nux v.* Op. Phos. *Plat.* Ruta. *Sulph.* Sulph. ac.

Spots, Reddish-blue. Arn. Crotal. hor. Elaps. cor. Lach. Phos.

Spots, Brown. *Ant. crud.* *Ars.* Aur. fol. Berb. Cann. sat. *Carbo veg.* *Con.* Crotal. hor. Hyosc. Lyc. Nat. mur. *Nitr. ac.* Petr. *Phos.* Plumb. acet. Plumb. met. Rhus tox. Sep. *Sulph.* Taxus. Thuj.

Spots, as if burnt. Ant. crud. *Ars.* Carbo veg. *Caust.* Cycl. Euphorb. Hyosc. Kreas. Lach. Rhus tox. Sec. Stram.

Spots, Claret-color. *Cocc.* Sep.

Spots, Clustered. Calc. c. Calc. caust.

Spots, Confluent. *Bell.* *Cic.* *Hyosc.* Phos. ac. Val.

Spots, Copper-color. Corall. rub. Lach. *Nitr. ac.* Phos. Syphil.

Spots, Dirty. Berb. *Sabin.* Sec.

Spots, Dry. Bar. c. Eryng. Kali hyd.

Spots like fleabites. Acon. Bell. Dulc. Graph. Mez. Sec. Stram. Tart. e.

Spots, Green. Ars. *Con.* Crotal. hor. Vip. torv.

Spots, Hard. Nux mosch. Vip. torv.

Spots, Hepatic. *Ant. crud.* Caust. Con. Ferr. met. Hyosc. *Lauro.* Lyc. Merc. sol. Nat. c. Nitr. ac. Petr. Phos. Sep. Sulph.

Spots, Humid. Ant. crud. Ars. Carbo veg. *Hell.*

Kali c. Lach. Led. Petr. Sabin. Selen. Sil. *Sulph.* Tarax.

Spots, Inflamed. Ars. Hell. Kalm.

Spots, Large. Calc. c. Hura. bras. Lyc. Petr. Phos. ac. Sabin. Tart. e.

Spots, Marbled. *Berb. Carbo veg. Caust.* Crotal. hor. Lyc. Nat. mur. Plat. Thuj.

Spots, Pale-red, or rose colored. Cann. sat. Carbo an. Carbo veg. Cocc. Copaiv. Rhodo. Sarsap. Sep. Teucr. Vip. red.

Spots, Raised, elevated. Calc. c. Carbo an. Dulc. Kali c. Merc. sol. Phos. Puls. Sarsap. Sil. Teucr. Thuj.

Spots, Red. Acon. *Alum. Amb.* Amm. c. Amm. mur. Anath. muric. *Ant. crud.* Arn. Ars. Bell. *Berb.* Bry. Calad. Calc. c. Cann. sat. Canth. Caps. Carbo an. *Carbo veg.* Caust. Cham. Chel. Chin. Cinnab. Cist. Cocc. *Con.* Copaiv. Corall. rub. Croc. *Cycl. Crotal. hor. Dros. Dulc.* Elaps. cor. Electr. Eryng. Graph. Hep. Hura bras. Iod. *Ipec.* Kali c. Kali hyd. Kalm. Lach. *Led. Lyc.* Magn. arc. *Magn. c. Magn. mur.* Mang. Merc. sol. Merc. viv. Mez. Mosch. *Nat. c. Nat. mur.* Nitr. ac. Nux jug. Oleum jec. Op. Paris. Paul. pin. *Petr.* Phos. Phos. ac. Plat. Plumb. acet. *Plumb. met.* Puls. Ratanh. Rhodo. Rhus tox. Rhus vern. Sabad. *Samb. Sarsap.* Sep. *Sil.* Spong. *Squill. Stann.* Sulph. Sulph. ac. Sumb. Syphil. *Tabac.* Tart. e. Taxus. Teucr. Thuj. Verat. alb. *Vip. red. Vip. torv.* Zinc. met.

Spots, Dark-red. Bell. Berb. Calc. caust. Lyc. Rhodo. Taxus. Vip. red.

Spots, Red, checkered. Berb. *Carbo veg.* Caust. Crotal. hor. Lyc. *Nat. mur.* Plat. Thuj.

Spots, Rough. Bar. c. *Merc. sol.* Mur. ac. Nitr. ac. Sarsap. Zinc. met.

Spots, Round. Bry. Chel. Crotal. cascav. Hura

bras. Iod. Led. Merc. sol. Mur. ac. Nat. mur. Phos. Stann. Zinc. met.

Spots, Scaly, Scurfy. Hydrocotyle. Kali c. *Merc. sol.* Nitr. ac. Sabin. Sil. Thuj. Zinc. met.

Spots, Small. Bry. Cham. Cinnab. Eryng. Hura bras. Lach. Led. Lyc. Magn. c. Merc. sol. Oleum jec. Op. Phos. Phytol. Ratanh. Sabad. Squill. Stann. *Sulph. ac.* Tart. e. Vip. torv.

Spots, Smooth. Carbo an. Carbo veg. Corall. rub. Electr. Lach. Magn. c. Petr.

Spots, Syphilitic. Hydrocotyle. Merc. sol. Syphil. Thuj.

Spots, Purple, or violet colored. Merc. corr. Nitr. ac. *Phos.* Verat. alb.

Spots, White. *Alum.* Amm. c. *Ars.* Calc. c. Carbo an. Electr. *Merc. sol.* Nat. c. Nitr. ac. Phos. *Sep.* Sil. Sulph.

Spots, Yellow. Amb. Anath. muric. *Arn.* Ars. Canth. Con. Colch. Crotal. cascav. Elaps. corr. Ferr. acet. Ferr. met. Guar. trich. Hydrocotyle. Iod. Kali c. Lach. Lauro. *Nat. c.* Petr. Phos. *Ruta. Sabad.* Sep. Stann. *Sulph.* Tart. e. Vip. red. Vip. torv.

Spots, Bloody (like petechiæ). Arn. Ars. Bell. *Berb. Bry.* Con. *Hyosc. Lach.* Led. Nux v. *Phos.* Rhus tox. Ruta. *Sec.* Sil. Stram. Sulph. ac.

Spots, Scorbutic. Anath. muric. Merc. cor. Merc. sol.

Spots, Lenticular. Calc. c. Rhus tox. Vip. red.

Spots covered with rash pimples. Cham. Spong.

Spots covered with vesicles. Dulc. Iod. Lach. Merc. viv. Rhus tox. Spong.

Spots moist when scratched. Kali c. Sabin.

Spots covered with pustules. Lyc. Nux jug.

Spots on scalp. Ars. Kali c. Mosch. Zinc. met.

Spots on eyelids. Camph. Sil.

Spots on nose. Aur. fol. Calc. c. Iod. Phos. ac. Rhodo. Taxus. Verat. alb.

Spots on face. Acon. Alum. Amb. Amm. c. Anath. muric. Ars. Bar. c. Bell. Berb. Bry. *Calc. c.* Carbo an. Carbo veg. Caps. Colch. Croc. Ferr. acet. Ferr. met. Lach. Lauro. Lyc. *Merc. sol. Nat. c.* Nitr. ac. Paris. Paul. pin. Phos. Rhus vern. Samb. Sarsap. Sep. Sulph. Tabac. Vip. red. Zinc. met.

Spots about lips and mouth. Ars. Berb. Caust. Hep. Merc. sol. Mez. *Nat. c. Sulph.*

Spots on chin. Nat. mur. Sep. *Sil.* Samb.

Spots on cheeks. Berb. Carbo an. Hura bras. Paris. Samb.

Spots on abdomen. Ars. Bell. Canth. *Calend.* Kali c. *Lach.* Led. Lyc. Nat. mur. Phos. Ratanh. Sabad. Sep.

Spots on glans penis. Arn. Cann. sat. Carbo veg. Cinnab. Lach. Nat. mur. Nitr. ac. Petr. Sil. Thuj.

Spots on scrotum. Calc. c. Sil.

Spots on prepuce. Lach. Rhus tox. Thuj.

Spots on chest. Amm. c. Amm. mur. Ars. *Bell.* Carbo veg. Cinnab. Cocc. Crotal. hor. Crotal. cascav. Eryng. Ipec. Lach. Led. Lyc. *Magn. c.* Mez. Nitr. ac. Phos. Phytol. Sabad. *Sep.* Squill. Sulph. *Vip. torv.*

Spots on neck. Ars. Bell. Bry. Carbo veg. Cinnab. Cocc. Iod. Lach. Lyc. Sep. Stann. Vip. torv.

Spots on nape of neck. Carbo veg. Hyosc.

Spots on scapulæ. Calc. c. Cist. Lach. Sumb.

Spots on back. Lach. Lyc. Sep. Spong. Sulph. Sumb. Zinc. met.

Spots on arms. Ant. crud. Berb. Bry. Crotal. hor. *Cupr. met.* Elaps. corr. Kali hyd. Lach. Led. Lyc.

Nat. mur. Nux jug. *Plat.* Petr. *Rhus tox. Sabad.* SULPH. Taxus. Thuj.

SPOTS on shoulders. Berb. Phos. ac. Sulph. ac. Tabac.

SPOTS on forearms. Amm. c. Ant. crud. Berb. Bry. Chel. Crotal. hor. *Cupr. met.* Hura bras. Lach. Led. Magn. mur. *Merc. sol. Nat. mur.* Nux jug. Petr. Sabad. SULPH. *Sulph. ac.* Thuj.

SPOTS on elbows. Calc. c. *Sep.* Vip. torv.

SPOTS on wrists. Dros. Kali c. *Merc. sol. Petr.*

SPOTS on hands. Acon. Bell. Berb. Corall. *Dros.* Elaps. cor. Electr. *Iod. Kali c. Nat. c. Nat. mur. Nitr. ac. Sabad. Sep.* Squill. Stann. *Tart. e.* Vip. torv. Zinc. met.

SPOTS on backs of hands. Bell. Crotal. cascav. Dros. Hura bras. Phos. ac. Stann.

SPOTS on palms of hands. Corall. Electr.

SPOTS on fingers. *Con.* Corall. Elaps. cor. Lach. Lyc. Mang. *Nat. mur. Phos. ac.* Plumb. acet. *Plumb. met.* Sabad. Squill. Tart. e. Zinc. met.

SPOTS on thighs. Amm. c. Ant. crud. Bell. Berb. Cann. sat. Cycl. Electr. *Graph.* Lach. Magn. c. Mur. ac. Rhodo. Sabin.

SPOTS on legs. Ant. crud. CALC. c. Calc. caust. Chel. Con. Graph. Guar. trich. Hura bras. Lyc. Nat. mur. Nux v. Phos. Sarsap. Sil. Stann. Sulph. Zinc. met.

SPOTS on knees. Elaps. cor. Electr. Petr. Rhus tox.

SPOTS on feet. Ant. crud. ARS. Hydrocotyle. Led. Phos. Puls. Rhus tox. Sec. Squill. Sulph. Thuj.

SPOTS on toes. Lach. Nat. c.

THICK HARD SKIN. Amm. c. ANT. CRUD. Ars. Borax. Cic. Clem. *Dulc. Graph.* Lach. Paris. *Ranunc. bulb.* RHUS TOX. SEP. *Sil.* Sulph. *Thuj.* Verat. alb.

TUBERCLES in general. *Agar. Alum.* Amm. c. *Amm.*

mur. Anac. Anthrak. *Ant. crud.* *Ars.* Aur. fol. *Bar. c.* Bell. *Bry.* Calc. c. Cann. sat. Canth. Caps. *Carbo an.* *Carbo veg.* Caust. Chel. Chin. *Cic.* *Cocc.* *Con.* Digit. Dros. *Dulc.* Electr. *Graph.* *Hell.* *Hep.* Ign. Iod. Ipec. Kali c. Kali chl. Kali hyd. Kreas. Lach. Led. *Lyc.* Magn. arc. *Magn. c.* *Magn. mur.* Magn. sulph. *Mang.* *Merc. sol.* Mez. *Mur. ac.* Nat. c. *Nat. mur.* *Nitr.* Nitr. ac. *Nux v.* *Oleand.* Op. *Petr.* *Phos.* Phos. ac. Puls. Rhus tox. *Ruta.* Sabin. *Sec.* *Selen.* *Sep.* *Sil.* *Spig.* Spong. Stann. *Staph.* Stram. *Sulph.* Sulph. ac. Tarax. Tart. e. *Thuj.* *Val.* Verat. alb. Verb. Viol. tr. Zinc. met.

Tubercles, Suppurating. Amm. c. Bov. Nitr. ac.

Tubercles, Inflamed. Amm. mur. Rhus tox.

Tubercles, Raised. Oleand. Rhus vern. Val.

Tubercles, Yellow. *Ant. crud.* Sulph.

Tubercles, Hard. Amm. c. Amm. mur. Ant. crud. Bar. c. Bov. Bry. Con. *Lach.* *Magn. c.* *Magn. sulph.* Nat. mur. Phos. Rhus tox. Val.

Tubercles, Tuberous. *Nat. c.* Phos. Sil.

Tubercles, Leprous. *Nat. c.* Phos. *Sil.*

Tubercles, Erysipelatous. *Nat. c.* Phos. Sil.

Tubercles, Red. *Amm. c.* Berb. Bov. Carbo an. Carbo veg. Digit. Electr. *Hep.* Kali chl. Kali hyd. *Lach.* *Led.* Magn. c. Magn. mur. *Merc. sol.* Mur. ac. Nat. mur. Nitr. ac. Op. Phos. ac. Puls. Sep. Spig. Sulph. Thuj. Verat. alb.

Tubercles, with red areola. Ant. crud. Cocc. Dulc. Phos.

Tubercles, Ulcerating. Amm. c. Bov. Sec.

Tubercles, White. Ant. crud. Dulc. Sulph. Val.

Tubercles discharge clear water. Graph. Magn. c.

Tubercles, Small. Mang. Nicc. c. Nux jug. Rhus tox.

Tubercles on eyelids. Aur. fol. Bry. Calc. c. Ranunc. scel. Staph. Thuj.

Tubercles on face. *Alum.* Ant. crud. *Ars.* Bar. c. Bry. Calc. c. Cann. sat. Canth. Carbo veg. Cham. Chel. Cic. Con. Digit. Dulc. *Graph.* Hell. Hep. Kali c. Kali hyd. Lach. *Led.* Lyc. Magn. arc. *Magn. c.* Magn. mur. Merc. sol. Nat. c. Nitr. Nitr. ac. *Nux v.* Oleand. *Puls.* Thuj. Viol. tr. Zinc. met.

Tubercles about lips and mouth. Ars. Bar. c. Bell. Bry. Caust. Con. Magn. mur. Nicc. c. Sep. Sil. Sulph.

Tubercles on chin. Bry. Carbo an. Euphorb. Hep. Magn. mur. Oleand.

Tubercles on lower jaw. Bry. Graph. Nat. c. Nux v. Staph. Verat. alb.

Tubercles about arms. Carbo veg. Hep. Ign. Stann. Staph. Thuj.

Tubercles on penis. Bell. Bov.

Tubercles on labia. Calc. c. Merc. sol. Phos.

Tubercles on chest. Amm. c. Cann. sat. Caust. Mang. Nicc. c.

Tubercles in axilla. Nitr. ac. Phos.

Tubercles on neck. Amm. c. Lach. Lyc. Mur. ac. Nicc. c. Phos. Phos. ac. Sec.

Tubercles on nape of neck. Ant. crud. Carbo an. Caust. Nicc. c. Zinc. met.

Tubercles on back. Amm. c. Caust. Lyc. Nicc. c. Squill.

Tubercles on shoulders. Crotal. hor. Kali chl. Phos. Rhus tox.

Tubercles on arms. Ars. Caust. Cocc. Dulc. Mang.

Tubercles on forearms. *Agar.* Amm. c. Mur. ac. Nitr. Nux jug. Phos. ac.

Tubercles on elbows. Amm. c. Caust. Magn. c. Mur. ac.

Tubercles on hands. Ars. Carbo an. Hydrocotyle.

Kali chl. Merc. sol. Nitr. ac. Rhus tox. Rhus vern. Sep. Spig. Stram.

TUBERCLES on wrists. Amm. c. Magn. c.

TUBERCLES on fingers. Berb. Caust. Cocc. *Con.* Hydrocotyle. *Lach. Led.* Lyc. Nat. c. Rhus tox. Verat. alb. Zinc. met.

TUBERCLES on feet. Carbo an. Rhus tox.

TUBERCLES on hips. Ratanh. Rhus tox.

TUBERCLES on buttocks. Hep. Mang.

ULCERS, BLACK. Ant. crud. ARS. *Asaf.* Bell. *Carbo veg.* Con. *Euphorb. Ipec. Lach.* Mur. ac. Plumb. met. Rhus tox. Sarsap. *Sec. Sil.* Squill. *Sulph. Sulph. ac.*

ULCERS, BLEEDING (easily). Alum. Arn. ARS. Asaf. Bell. Bov. *Carbo veg.* Caust. *Con.* Croc. Dros. HEP. *Hyosc.* Iod. KALI C. Kreas. LACH. LYC. Merc. dulc. *Merc. sol.* Merc. viv. Mez. Nat. mur. NITR. AC. PHOS. PHOS. AC. PULS. Rhus tox. Ruta. Sabin. Sec. Sep. *Sil.* Sulph. Sulph. ac. Thuj. Zinc. met.

ULCERS, bleeding edges. Ars. Lyc.

ULCERS surrounded by blisters and vesicles. Ars. Bell. Caust. Fluor. ac. Hep. LACH. Merc. sol. Mez. Nat. c. Petr. Phos. *Rhus tox.* Sep.

ULCERS, BLUISH. *Ars. Asaf. Aur. fol.* Bell. *Con. Hep.* LACH. *Mang. Merc. sol.* Sec. Seneg. *Sil.* Verat. alb.

ULCERS with bluish edges. Asaf. Mang. Nitr. ac.

ULCERS, with a blue-black or greasy ash-colored base. Ars. Lach. Thuj.

ULCERS, chronic, malignant. Ars. *Bar. c.* Calc. c. *Carbo veg.* Caust. *Cham. Chel.* Clem. Con. Croc. Crotal. hor. *Graph.* HEP. Kali c. *Lach. Lyc.* Magn. c. Mang. *Merc. sol.* Mur. ac. Nat. c. *Nitr. ac. Petr. Phos. Phos. ac. Rhus tox. Sep. Sil.* Squill. *Staph. Sulph.*

Ulcers, chronic, old. Ampel. quin. Carbo veg. *Chel.* Crotal. hor. *Cupr. met.* Euphorb. Graph. Hep. *Lach.* Lyc. Nux mosch. *Petr. Phos. ac.* Polygon. punct. Psor. Ranunc. acris. Ranunc. bulb. Ranunc. scel. Tart. e.

Ulcers, Corroding. . Kali bich. Merc. sol. Merc. viv. Nitr. ac. Ranunc. bulb. Sil.

Ulcers, Deep. *Ant. crud.* Ars. *Asaf. Aur. fol. Bell. Bov. Calc. c. Carbo veg.* Caust. Chel. Clem. *Con.* Dros. *Hep.* Kali bich. Kreas. Lach. *Lyc.* Magn. c. Merc. sol. *Mur. ac.* Nat. c. Nat. mur. Nitr. ac. *Petr.* Phos. ac. *Puls.* Rhus tox. Ruta. Sabin. Selen. *Sep. Sil.* Staph. *Sulph.* Thuj.

Ulcers, Dirty. Lach. Merc. sol. Nitr. ac. Nux mosch. *Sabin. Thuj.*

Ulcers, Fetid. *Amm. c.* Ars. *Asaf.* Bar. mur. Calc. c. *Carbo veg.* Caust. Chin. *Con.* Graph. Hep. Lach. *Lyc.* Mang. *Merc. sol.* Mur. ac. Phos. Plumb. met. *Rhus tox. Sec. Sep.* Sil. Staph. Vip. red.

Ulcers, Fistulous. *Ant. crud. Ars. Asaf. Aur. fol. Bell.* Bry. Calc. c. *Carbo veg. Caust.* Chel. Clem. *Con. Hep.* Kreas. *Lach.* Led. *Lyc. Merc. sol.* Millef. Nat. c. Nat. mur. *Nitr. ac.* Petr. *Phos.* Phos. ac. *Puls.* Rhus tox. *Ruta.* Sabin. Selen. *Sep. Sil.* Stann. Staph. Stram. *Sulph.* Thuj.

Ulcers, Flat. Amm. c. Amm. mur. Arg. *Ant. crud. Ars.* Asaf. Aur. mur. *Bell.* Carbo an. Carbo veg. *Chin.* Corall. Lach. *Lyc.* Merc. sol. Nat. c. Nitr. ac. *Petr.* Phos. Phos. ac. *Puls.* Ranunc. bulb. *Selen. Sep. Sil.* Staph. Sulph. Tart. e. Thuj.

Ulcers, Gangrenous. Acon. Ars. *Asaf.* Bell. *Chin. Con.* Kreas. Lach. Mur. ac. Rhus tox. *Sabin.* Sec. Squill. Tart. e. Vip. red.

Ulcers, Hard. Ars. Bell. Calc. c. Puls.

Ulcers with hard edges. Arn. *Ars. Asaf.* Bell. Bry. *Calc. c.* Carbo an. *Carbo veg. Caust.* Cham.

Cic. Cina. Clem. Commoc. dent. Graph. Hep. Lach. Lyc. *Merc. sol.* Mez. Nat. c. Nux v. Petr. Phos. Phos. ac. Puls. Ranunc. bulb. Sanguin. Sep. Sil. Staph. Sulph. Thuj.

Ulcers, Inflamed. Acon. Agn. Ant. crud. Arn. Ars. Asaf. Bar. c. *Bell.* Borax. Bov. *Bry. Calc. c.* Caust. Cham. Cina. Cocc. *Colch.* Con. Croc. Cup. met. Digit. Galv. Hep. Hyosc. Ign. Kreas. Led. Lyc. Mang. Merc. sol. *Mez.* Nat. c. *Nitr. ac.* Nux v. Petr. Phos. Plumb. met. *Puls.* Ranunc. bulb. *Rhus tox.* Ruta. Sabin. Sarsap. Sep. *Sil.* Staph. *Sulph.* Thuj. Verat. alb.

Ulcers with mawworms. *Ars.* Calc. c. Merc. sol. Sabad. *Sil.*

Ulcers, Mercurial. Alum. Amm. c. Arn. *Asaf.* Aur. fol. *Bell. Calc. c.* Carbo an. *Carbo veg.* Cham. Chin. Cist. Clem. Graph. *Hep. Lach. Lyc.* Nat. mur. *Nitr. ac.* Phos. *Phos. ac.* Sarsap. *Sep. Sil.* Staph. *Sulph.* Thuj.

Ulcers, old, torpid, indolent. Anac. Ars. Bals. peru. Calc. c. Camph. Carbo an. *Carbo veg.* Carbol. ac. *Con.* Dulc. *Euphorb.* Iod. Lach. *Lyc.* Mur. ac. *Nitr. ac.* Oleand. *Op. Phos. ac.* Plumb. met. Polygon. punct. Sanguin. *Sep. Sil. Sulph.*

Ulcers surrounded by pimples. Acon. Ars. Asaf. Carbo veg. *Caust.* Cham. Lach. Merc. sol. Mez. Mur. ac. Nat. c. Petr. Phos. *Puls. Rhus tox. Sep.* Sil. Staph. *Sulph.*

Ulcers with proud flesh. Alum. Ant. crud. Ars. Bell. *Carbo an.* Carbo veg. Caust. *Cham.* Graph. Kreas. *Lach.* Merc. sol. *Petr.* Phos. Sabin. *Sep. Sil.* Staph. *Sulph.* Thuj.

Ulcers, Putrid. Amm. c. Ars. Asaf. Aur. fol. Bell. Borax. Bov. *Bry. Calc. c.* Carbo veg. Caust. *Chel.* Chin. Cic. Con. Cycl. Graph. Hep. Kreas. Lyc. Mang. Merc. sol. Mez. Mur. ac. Nat. c.

Nitr. ac. Nux mosch. Nux v. *Phos. Phos. ac.* Plumb. met. PULS. *Rhus tox.* Ruta. Sabin. Sec. *Sep.* SIL. Staph. *Sulph.* Sulph. ac. Thuj.

ULCERS, PUSTULOUS. Kali bich. Sarsap. Tart. e.

ULCERS with red areola. Acon. Ant. crud. Arn. *Ars. Asaf.* Bar. c. Bell. *Calc. c.* Caust. Cham. Cocc. Corall. Cupr. met. *Hep.* Kreas. Kali bich. LACH. Lamb. alb. *Lyc. Merc. sol.* Mez. Nitr. ac. Nux v. Petr. Phos. *Puls.* Ranunc. bulb. RHUS TOX. Sabin. Sep. *Sil.* STAPH. Sulph.

ULCERS like "salt rheum." AMB. *Ars.* Colc. Chin. *Graph.* Lyc. Merc. sol. Petr. Phos. Puls. Sep. *Sil. Staph.* Sulph.

ULCERS, SARCOMATOUS. Ant. crud. *Ars.* Cupr. met. HEP. Kreas. MERC. SOL. *Nitr. ac.* Sabin. Sulph. Thuj.

ULCERS, SCROFULOUS. *Ars.* Aur. fol. *Bell.* Bov. *Calc. c.* Carbo an. Carbo veg. Caust. Cist. *Graph. Hep. Lach. Lyc.* Nux v. Oleum jec. *Phos.* Sep. *Sil.* Sulph.

ULCERS with thin scurf. Ars. Graph. Sabin. Staph.

ULCERS, SCURFY, crusty. Ant. crud. Ars. Bar. c. *Bell.* Bov. *Bry.* CALC. c. Carbo an. *Cic.* Clem. *Con.* Commoc. dent. Electr. *Graph.* Hell. *Hep.* Led. Lyc. MERC. SOL. Mez. Mur. ac. Nux v. Oleand. Paris. *Phos. ac.* Plumb. met. *Puls. Ranunc. bulb.* RHUS TOX. Sabin. Sarsap. *Sep.* SIL. Spong. *Staph.* SULPH. Viol. tr.

ULCERS, SHAGGY. Hep. Lach. MERC. SOL. *Phos. ac. Sil.* Staph. Sulph. Thuj.

ULCERS, SPONGY EDGES. Ars. Merc. sol.

ULCERS, SPONGY. Alum. *Ant. crud. Ars. Bell.* Calc. c. CARBO AN. *Carbo veg.* Caust. Cham. *Clem.* Con. Graph. Iod. Kreas. LACH. Lyc. MERC. SOL. Nitr. ac. Nux v. *Petr. Phos. Phos. ac.* Rhus tox. Sabin. *Sep.* SIL. *Staph.* Sulph. Tart. e. Thuj.

Ulcers, Spotted. Arn. Ars. Con. Ipec. *Lach.* Sulph. ac.

Ulcers, Spreading. Amm. c. Anac. Ars. *Bell.* Borax. Calc. c. Carbo veg. Caust. *Cham. Chel. Clem.* Con. Cupr. met. *Graph. Hep.* Ign. Iod. *Kali c.* Kali bich. Kreas. *Lach. Lyc.* Magn. c. Merc. sol. Mez. *Nat. c.* Nat. mur. Nitr. ac. Nux v. Petr. Phos. Plumb. met. *Puls.* Ranunc. bulb. Ranunc. scel. *Rhus tox.* Ruta. *Sep.* Sil. Spig. Squill. Staph. *Sulph. Sulph. ac.* Zinc. met.

Ulcers, Suppurating. Ars. *Asaf.* Bar. c. Bar. mur. Bell. Carbo veg. Chin. *Chin. sulph.* Con. Crotal. hor. Dros. *Hep. Lach.* Mang. Merc. sol. Nitr. ac. Petr. *Phos. Phos. ac.* Puls. Sarsap. Sil. Sulph. Tart. e.

Ulcers, Swollen. Acon. Agn. Anath. muric. Arn. *Ars.* Aur. fol. Bar. c. *Bell.* Bry. Calc. c. Carbo an. Carbo veg. Caust. Cham. Cic. Cocc. *Con.* Crotal. hor. Dulc. Graph. Hep. Iod. Kali c. Lamb. alb. Led. *Lyc.* Mang. Merc. sol. Nat. c. *Nat. mur. Nitr. ac.* Nux v. *Petr. Phos.* Phos. ac. Plumb. met. Puls. Rhus tox. Sabin. Samb. *Sep.* Sil. Staph. Sulph. Vip. red. Vip. torv.

Ulcers with raised edges. *Ars.* Asaf. Bry. Carbo an. Caust. Cic. Cina. Hep. Lyc. Merc. sol. Nitr. ac. Nux v. Petr. Phos. Phos. ac. *Puls. Sep. Sil. Sulph.*

Ulcers, Syphilitic. Anath. muric. Aur. fol. Cist. *Merc. sol.* Merc. viv. *Nitr. ac.* Thuj.

Ulcers, White, or white spotted. *Ars.* Calc. c. Con. Dros. Graph. Lach. Merc. sol. Phos. Sep. Sil. Sulph. Tart. e. Thuj.

Ulcers, Yellow. Anath. muric. Calc. c. Corall. Nitr. ac. Plumb. met. Staph. Sulph. Zinc. met.

Ulcers, Purulent. Sarsap. Sil.

Ulcers, Superficial. Lach. Petr. Polygon. hydrop.

Ulcers with white bases. Ars. Merc. sol.

Ulcers, Small. Lach. Nitr. ac.

Ulcers with red edges. Fluor. ac. Lyc. Nux v. Petr.

Ulcers, Carious. Calc. c. Calc. phos. Lyc.

Ulcers, Round, or oval. Kali bich. Tart. e. Thuj.

Ulcers with inflamed edges. Ars. Galv. Graph. Merc. dulc.

Ulcers with everted edges. Anath. muric. Lyc. Ranunc. bulb.

Ulcers on Scalp. Anath. mur. Ars. Nitr. ac. Ruta.

Ulcers on ears. Bov. Camph. Kali c. Oleand.

Ulcers on face. Anath. muric. Ars. Bry. Con. Iod. Lach. Merc. dulc. Merc. sol. Nat. c. Phos. Phyt. Psor.

Ulcers on chin. Hep. Merc. sol.

Ulcers about mouth. Agn. Alum. Borax. Canth. Gran. *Hep.* Iod. Merc. sol. Nitr. ac. Nux v. Op. Petr. Plumb. met. Staph. Thuj. Zinc. met.

Ulcers on lips. Anath. muric. Caust. Cic. Con. Nat. c. Sil.

Ulcers on cheeks. Calc. c. Iod.

Ulcers on abdomen. *Ars.* Bar. mur. Chin. Cupr. *Hep.* Plumb. met.

Ulcers in groin (buboes?). Anath. muric. Badiag. Bar. mur. *Hep.*

Ulcers on penis. Anath. muric. Corall. Nitr. ac. Nux jug. *Sulph.* Thuj.

Ulcers on prepuce. Corall. Hep. *Merc. sol. Nitr. ac.* Phos. Staph. *Sulph.*

Ulcers on scrotum. Amm. c. Amm. mur. Aur. mur. Sep.

Ulcers on labia. Graph. Tart. e. Thuj.

Ulcers on nates. Borax. Hydrocotyle.

Ulcers on mammæ and nipples. Hep. *Phos. Sil.*

Ulcers on arms. Electr. Kali bich. Lach. Rhus tox.

Ulcers on forearms. Kali bich. Polygon. hydrop.

Ulcers on hands. Anath. muric. Ars. Dros. Sil.

Ulcers on fingers. Alum. Ars. Carbo veg. Kreas. *Lyc.* Mang. Plat. Ranunc. bulb. Sep.

Ulcers on thighs. Crotal. hor. Kali c. Merc. sol. Nitr. ac. Paul. pin. Sil. Thuj.

Ulcers on legs. Anath. muric. Ars. Bar. c. Bry. Calc. c. Canth. Carbo veg. Caust. Clem. Ipec. Graph. Hydrast. Jacar. car. *Lach.* Lyc. Merc. sol. Mur. ac. Nat. c. Nux mosch. Paul. pin. Phos. Phos. ac. Phyt. Puls. Psor. Ruta. *Sabin.* Selen. Sil. Staph. Sulph. Vip. torv.

Ulcers on feet. *Con. Ipec.* Phos. Puls. Selen. *Sulph. Zinc. met.*

Ulcers on soles of feet. Anath. muric. Ars. Sep. Sulph.

Ulcers on heels. Ars. Caust. Lam. alb. *Nat. c. Sep. Sil.*

Ulcers on toes. *Ars.* Carbo veg. Graph. Nitr. ac. Petr. Plat. Sep.

Ulcers on ankles. Hydrocotyle. Sil.

Varicellæ Acuminatæ. Acon. Ant. crud. Ars. Bell. *Bry. Carbo veg.* Caust. Cycl. Ipec. Nat. c. Nat. mur. Puls. Sep. Tart. e. *Thuj.*

Varicellæ Agnosæ. Acon. Ant. crud. Bell. *Puls. Rhus tox.* Sec. *Sil.* Tart. e. Thuj.

Varicellæ, pocks ulcerate and will not heal. Sep. Sulph.

Varices about anus. Alum. Amm. c. Ant. crud. Ars.

Varices of pregnant women. Carbo veg. Lyc. Magn. aus. Millef. Puls.

Varicose Veins, in legs especially. Fluor. ac. Sulph. Zinc. met.

Vesicles in general. Acon. Alum. Amb. Amm. c. *Amm. mur.* Anac. *Ant. crud.* Arg. fol. Arn. Ars. Aur. fol. Bar. c. Bell. Borax. Bov. Bry. Calad. Calc. c. Camph. Cann. sat. Canth. Caps. *Carbo an.* Carbo veg. *Caust.* Cham. Chen. Chin. Cic. Clem. Cocc. Coloc. Con. Crotal. hor. Cupr. met. Cycl. Dulc. Electr. Euphorb. *Graph.* Grat. Guaj. *Hell. Hep.* Hyosc. *Kali c.* Kali chl. Kreas. Lach. Lauro. Lob. Lupul. Lyc. Magn. ars. Magn. c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac. *Nat. c.* Nat. mur. Nat. sulph. *Nitr.* Nitr. ac. Nux v. Oleand. Oleum an. Op. Petr. Phos. Phos. ac. Plat. Plumb. met. Puls. Ranunc. bulb. Ranunc. scel. Rhodo. Rhus tox. Ruta. Sabad. *Sabin.* Sarsap. *Sec.* Selen. Seneg. *Sep.* Sil. Spig. Spong. Staph. Stram. Sulph. Sulph. ac. Tabac. Tarax. Tart. e. Thuj. Val. Verat. alb. Vip. red. Vip. torv. Zinc. met.

Vesicles contain air. Kali c. Vip. torv.

Vesicles, Black. *Ars.* Lach. Nat. c. Petr. Vip. torv.

Vesicles, blue-black. Ars. Bell. Con. Lach. Ranunc. bulb. Rhus tox. Vip. torv.

Vesicles, as if from a *burn.* Amb. Bell. Carbo an. Clem. Lyc. Nat. c. Phos. Sep. Sulph.

Vesicles close together. Ranunc. bulb. Rhus tox. Verat. alb.

Vesicles, Confluent. Alum. Rhus tox.

Vesicles, Cracked, breaking open. Bry. *Crotal. hor. Lach.* Lam. alb. Lupul. Nitr. Phos. *Vip. torv.*

Vesicles, Erysipelatous. Amm. c. Ars. Bar. c. Bell. Bry. Carbo an. Chin. Euphorb. Graph. Hep. Lach. Petr. Phos. Ranunc. bulb. Rhus tox. Sabad. Sep. Staph. Sulph.

Vesicles, Fistulous. Aur. fol. Calc. c. Petr.

Vesicles, Gangrenous. Acon. Ars. Bell. *Camph.*

Carbo veg. Hyosc. Lach. Mur. ac. Ranunc. bulb. Sabin. Sec.

VESICLES, HARD. Lach. Phos. ac. Sil.

VESICLES, HUMID. Electr. *Hell.* Hep. Lach. Mang. *Merc. sol.* Phos. Ranunc. bulb. Ranunc. scel. *Rhus tox.* Sulph. Vip. torv.

VESICLES, INFLAMED. *Amm. mur.* Bar. c. Bell. Nitr.

VESICLES, RAISED. Fluor. ac. Merc. sol. Selen. Sulph.

VESICLES, RED. *Ant. crud.* Calc. phos. Cic. Cycl. Crotal. hor. Fluor. ac. Lach. Mang. Merc. sol. Nat. c. *Nat. mur.* Oleum an. Sil. Val.

VESICLES with red areola. Calc. caust. Cann. sat. Crotal. hor. Kali c. Kali chl. Nat. c. Sil. Sulph. Tabac. Vip. torv.

VESICLES sac-shaped. Kali c. Vip. torv.

VESICLES, SANGUINEOUS. ARS. Aur. fol. Bry. Canth. Fluor. ac. Nat. mur. *Sec.* Sulph.

VESICLES, SCURFY. Hell. Nat. mur. Nitr. ac. Ranunc. bulb. Sil. Sulph.

VESICLES, SUPPURATING. *Amm. mur.* Aur. fol. Bov. Calc. c. Carbo veg. Magn. c. *Nat. c.* Nitr. ac. Petr. Phos. Puls. Ranunc. bulb. Ranunc. scel. Rhus tox. Sarsap. Sulph. Vip. torv. Zinc. met.

VESICLES, TRANSPARENT. Kali c. Lach. *Magn. c.* Magn. mur. Mang. Merc. sol. *Ranunc. bulb.*

VESICLES surrounding ulcers. LACH. Rhus tox.

VESICLES, ULCERATED. Calc. c. Caust. Graph. *Merc. sol.* Nat. c. SULPH. *Zinc. met.*

VESICLES, WATERY. *Bell.* Bov. Clem. Cupr. met. Graph. Kali c. Merc. sol. Nat. c. Nitr. Oleum an. Plat. Plumb. met. Rhus tox. Rhus vern. Sec. *Sulph.* Tabac. Vip. red. Zinc. met.

VESICLES, WHITISH. Amm. c. Berb. Cann. sat. Caust. Clem. Electr. Graph. Hell. Hep. *Lach. Merc. sol.* Mez. *Nat. c.* Phos. Sabad. Sulph. *Thuj.*

Vesicles, Yellowish. Ant. crud. Dulc. Crotal. hor. Mur. ac. Ranunc. scel. Rhus tox. Vip. torv.

Vesicles, Purulent. Merc. viv. Sil.

Vesicles filled with yellow water. Calc. phos. Kali nit. Nitr. Ranunc. scel. Rhus tox. Tabac.

Vesicles, Deep. Lach. Merc. sol.

Vesicles, Spreading. Kali c. Magn. c. Merc. sol. Nitr. ac.

Vesicles, Corrosive. Graph. Kali c. Magn. c. Ranunc. scel.

Vesicles, Large. Caust. Magn. mur. Phos.

Vesicles, Small. Amm. mur. Cann. sat. Fluor. ac. Graph. Hell. Lach. Mang. Merc. sol. Merc. viv. Nat. mur. Nitr. ac. Rhus tox. Thuj.

Vesicles on scalp. Bov. Clem. Oleum an.

Vesicles on eyelids. Magn. arc. Rhus tox. Selen.

Vesicles on ears. Alum. Chin. Rhus ven. Rhus vern.

Vesicles on nose. Amm. c. Carbo an. Croton tig. Lach. Magn. mur. Nat. c. *Nat. mur.* Nitr. ac. Petr. Phos. Plumb. acet. Plumb. met. Rhus tox. Sil. Verat. alb.

Vesicles on face. Alum. Amm. c. Amm. mur. Ant. crud. Aur. fol. Bar. c. Bell. Bov. Bry. Canth. Carbo an. Caust. Cic. Clem. *Euphorb.* Graph. Lach. Lupul. Magn. c. Mang. Nat. c. Nitr. Nitr. ac. Nat. mur. Oleum an. Petr. Phos. Plant. maj. Rhus rad. Rhus tox. Rhus ven. Sep. Sil. Sulph. Val. Zinc. met.

Vesicles on and about lips and mouth. Alum. Amm. c. Amm. mur. Ars. Aur. fol. Bell. Bry. Canth. Carbo an. Carbo veg. Caust. Cic. Clem. Con. Graph. Gum. gut. Hell. Hep. Kali c. Lauro. Magn. c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac. Nat. c. *Nat. mur.* Nat. sulph. Nitr. Par. Phos.

Plat. Ratanh. Rhodo. Rhus tox. Sarsap. Seneg. Sep. *Sil.* Staph. Sulph. Val. Verat. alb. Zinc. met.

VESICLES on upper lip. Cic. Ratanh. Rhus ven.

VESICLES at corners of mouth. Caust. Lauro. Mez. Seneg.

VESICLES on chin. Canth. Hep. Nat. c. Sarsap.

VESICLES on forehead. Canth. Plumb. acet.

VESICLES on abdomen. Caust. Merc. sol.

VESICLES on glans penis. Ars. hydrog. Merc. sol. Phos. ac. Rhus tox. Stann. Thuj.

VESICLES on prepuce. Ars. hydrog. Carbo veg. Caust. Graph. Merc. sol. Nitr. ac.

VESICLES on neck. Alum. Hydrocotyle. Magn. c. Vip red.

VESICLES on nape of neck. Caust. Magn. c.

VESICLES on back. Caust. Graph. Lach. Nat. c.

VESICLES on scapulæ. Amm. c. Ant. crud. Caust. Cic. Lach. Vip. red.

VESICLES on shoulders. Amm. mur. Ant. crud. Magn. c. Mang. Rhus tox. Vip. torv.

VESICLES on arms. Amm. mur. Ant. crud. Caust. Hydrocy. ac. Kali chl. Magn. c. Mang. Merc. cor. Merc. sol. Nat. c. *Nat. mur.* *Puls.* Sarsap. *Sil.* *Spong.* *Staph.* *Sulph.* *Vip. torv.*

VESICLES on forearm. Caust. Lob. Sarsap. *Sil.* *Spong.* *Staph.* Sulph.

VESICLES on hands. Ant. crud. Bov. Coutts's caust. *Clem.* *Cocc.* *Hep.* *Kali c.* *Kali chl.* *Kali hyd.* *Lach.* Lupul. Magn. c. *Merc. sol.* *Mez.* *Nat. mur.* Phos. Plant. maj. *Rhus tox.* *Selen.* *Sep.* *Spig.* *Sil.* *Squill.* *Sulph.*

VESICLES on backs of hands. Lob. Sulph.

VESICLES on palms of hands. Bell. Canth. Rhus ven.

VESICLES on wrists. Amm. mur. Merc. sol. Rhus rad. *Rhus tox.*

VESICLES in bend of elbow. Nat. c. Sulph.

Vesicles on fingers. Bell. *Clem.* Cupr. met. *Cycl.* Electr. *Graph.* Grat. Hell. *Hep.* *Kali c.* Lach. Lauro. Magn. c. Mang. *Nat. c.* *Nat. mur.* Nat. sulph. *Nitr. ac.* Phos. *Phos. ac.* *Plumb. met.* *Ranunc. scelr.* Rhus ven. *Rhus vern.* *Sarsap.* *Sep.* *Sil.*

Vesicles between fingers. Lob. Phos. Rhus tox.

Vesicles on thumbs. *Hep.* *Lach.* Mez. *Nat. c.* Nat. sulph. Nitr. ac. *Phos. ac.* *Sep.*

Vesicles on hips and nates. Borax. Calc. c. Oleand. Phos. ac. Rhus tox.

Vesicles on thighs. Ant. crud. Cann. sat. Caust. Hyosc. Nat. c. Oleand. Sarsap. Vip. torv.

Vesicles on legs. Ant. crud. Bell. *Caust.* Hyosc. *Kali c.* Mang. Staph. Vip. torv.

Vesicles on knees. Ant. crud. Carbo veg. *Caust.* Phos. Rhus tox. Sabad.

Vesicles on feet in general. *Ars.* *Caust.* *Con.* *Graph.* *Lach.* *Phos.* Selen. Sep. Tarax. Vip. torv. Zinc. met.

Vesicles on soles of feet. Ars. Sulph.

Vesicles on heels. Calc. c. *Caust.* *Lach.* Lam. alb. *Nat. c.* *Petr.* *Phos.* Sep.

Vesicles on toes. *Graph.* *Lach.* Nat. c. Nitr. ac. *Phos. ac.* Rhus ven. *Selen.* *Sulph.*

Warts, Bleeding. Cinnab. Magn. aus. *Nat. c.* Nitr. ac. Thuj.

Warts, Flat. Dulc. Lach.

Warts, Hard, horny. Ant. crud. Borax. Dulc. Graph. Ranunc. bulb Sil. Sulph. Thuj.

Warts, Indented. Calc. c. Euphras Lyc. Nitr ac. *Phos. ac.* Rhus tox. Sabin. Staph. Thuj.

Warts, Inflamed. Amm. c. Bov. Calc. c. Caust. Hep. Lyc. Nat. c. *Nitr. ac.* Rhus tox. Sep. Sil. Staph. *Sulph.*

Warts, Large. Caust. Dulc. Kali c. Nat. c. Nitr. ac. Sep.

WARTS, OLD. *Calc. c. Caust. Nitr. ac. Rhus tox. Sulph.*

WARTS, PEDUNCULATED. Dulc. *Lyc.* Thuj.

WARTS, SMALL. Bar. c. CALC. c. Dulc. Hep. Lach. RHUS TOX. SARSAP. *Sep. Sulph.* THUJ

WARTS, SUPPURATING, humid. Ars. Bov. *Calc. c. Caust. Hep. Sil. Thuj.*

WARTS, ULCERATED. Ars. Calc. c. Nat. c. Phos.

WARTS on eyebrows. Anath. muric. CAUST.

WARTS on face. *Caust.* Dulc. Kali c. Nitr. ac. Sep. Sulph.

WARTS on arms. *Caust.* Lyc. Nat. c. Nitr. ac. Sep. Sil. Sulph.

WARTS on hands. Anac. Berb. *Calc. c. Dulc. Lach. Lyc.* Nat. c. Nat. mur. *Nitr. ac.* Phos. *Rhus tox. Sep.* Sil. Sulph. Thuj.

WARTS on palms of hands. Anac. Nat. mur.

WARTS on fingers. Berb. Lach. Lyc. *Rhus tox.* Sulph. Thuj.

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